

<b>Case Number:</b>	CM13-0039357		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	04/17/2005
<b>Decision Date:</b>	01/31/2014	<b>UR Denial Date:</b>	09/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/04/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 34-year-old gentleman who was injured on 04/17/05. Clinical records reviewed include recent assessment dated 01/24/13 with [REDACTED] for complaints of right leg pain with progressive symptoms, mild to moderate in nature, and constant. Physical examination showed prior incisions about the lower leg to be healed with "significant sensory deficits". There was 4/5 strength with dorsiflexion, plantar flexion, inversion, and eversion of the ankle. Radiographs of the tibia and fibula showed healing fracture with acceptable alignment and positive callous formation. The claimant's diagnosis was status post tibial shaft fracture with persistent pain status post open reduction internal fixation with prior hardware removal of January 2010. Recommendations at that time were for continuation of medications in the form of Naprosyn, Hydrocodone, and Tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Naproxen 550mg quantity 100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** Based on California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines, the continued role of Naprosyn would not be indicated. While the claimant is noted to be with continued chronic pain following hardware removal and prior surgical fixation to a fracture now several years following procedure, there is no documentation of acute clinical findings that would support the role of acute need of anti-inflammatory agents. In the chronic pain setting, anti-inflammatory agents are recommended at the lowest dose possible for the shortest amount of time for symptomatic relief. The chronic use of the agent based on the claimant's current clinical findings would not be indicated at present.

**Hydrocodone/ APAP 10/ 325mg quantity 60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** Based on California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines, the continued role of Hydrocodone would be supported. The claimant continues to be symptomatic in regard to leg related complaints following surgical process and hardware removal. While still symptomatic, his symptoms appeared to be managed with the short acting narcotic analgesic. The continued role of this agent would appear to be medically necessary at present.

**Tramadol 50mg quantity 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** Based on California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines, the continued role of Tramadol is not supported. Guideline criteria do not support the role of Tramadol for greater than a sixteen week course of treatment. Its efficacy beyond that period of time is unclear. Given the claimant's concordant use of Hydrocodone, the continued role of this second nonnarcotic analgesic would not indicate as medically warranted at this stage in course of care.