

<b>Case Number:</b>	CM14-0103542		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	11/13/1995
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	06/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine, has a subspecialty in Preventive Medicine 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 expert 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of November 13, 1995. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; and muscle relaxants. In a Utilization Review Report dated June 6, 2014, the claims administrator retrospectively denied a request for Norco, naproxen, tramadol, and cyclobenzaprine while approving a request for Prilosec. The applicant's attorney subsequently appealed. In a progress note dated January 8, 2014, difficult to follow, not entirely legible, the applicant reported persistent complaints of knee pain status post a total knee arthroplasty procedure on August 23, 2013. The applicant was asked to continue home based physical therapy and remain off of work, on total temporary disability. There was no explicit discussion of medication selection or medication efficacy. In a later note dated February 19, 2014, the applicant was again asked to remain off of work, on total temporary disability. Persistent complaints of knee pain were noted. The applicant was reportedly still using a walker some six months removed from the date of earlier knee surgery. Again, there was no explicit discussion of medication efficacy on this date. It appears that the medications in question were sought via a Request for Authorization Form dated November 11, 2013. No clinical progress notes or applicant-specific rationale was attached to the same.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant was off of work, on total temporary disability, despite ongoing Norco usage. The attending provider failed to recount any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing Norco usage. Therefore, the request was not medically necessary.

**Naproxen Sodium 550 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs: Naproxen Page(s): 66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen Page(s): 66,7.

**Decision rationale:** While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that naproxen, an NSAID, is indicated in the treatment of arthritis, as was present here on or around the date in question, this recommendation is qualified by commentary on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the applicant was off of work, on total temporary disability, on or around the date of the request. Ongoing usage of naproxen had failed to curtail the applicant's dependence on opioid agents such as Norco and tramadol. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f despite ongoing usage of naproxen. Therefore, the request was not medically necessary.

**Tramadol 50 mg #200:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In

this case, however, the applicant was off of work, on total temporary disability, on or around the date in question. The attending provider failed to recount any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing tramadol usage. Therefore, the request was not medically necessary.

**Cyclobenzaprine 10 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine topic. Page(s): 41.

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine to other agents is not recommended. In this case, the applicant was using a variety of other opioid and non-opioid agents. Adding cyclobenzaprine to the mix was not recommended. Therefore, the request was not medically necessary.