

<b>Case Number:</b>	CM14-0111274		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	01/25/2014
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2014

### 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 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 knee and leg pain reportedly associated with an industrial injury of January 15, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated June 13, 2014, the claims administrator denied a request for Naprosyn and tramadol- acetaminophen. The applicant's attorney subsequently appealed. In a progress note dated April 21, 2014, the applicant reported persistent complaints of knee pain, left greater than right, headaches, low back pain, wrist pain, and hand pain. The applicant was apparently transferring care to a new primary treating provider, it was suggested. The applicant stated that earlier physical therapy had proven unsuccessful. The applicant had been laid off by her former employer, it was acknowledged. The applicant was having difficulty performing routine household chores, it was stated. The applicant was reportedly using Motrin and tramadol, it was stated. The attending provider furnished the applicant with new prescriptions for Naprosyn and tramadol- acetaminophen. MRI imaging of the knee, aquatic therapy, home exercises, and electrodiagnostic testing were endorsed, along with a rather proscriptive 10-pound lifting limitation. In a later note dated May 19, 2014, the applicant was given trigger point injections in the clinic. Naprosyn and tramadol-acetaminophen were renewed. The applicant reported 4 to 5/10 pain without medications. The applicant was depressed. The applicant had not returned to work. Persistent complaints of headaches were noted. There was no explicit discussion of medications efficacy on this occasion. On June 12, 2014, the applicant again reported ongoing issues with bilateral upper extremity pain, bilateral knee pain, and bilateral wrist pain. The applicant stated that she is having difficulty concentrating and sleeping. The applicant stated that she was depressed.

Diminished grip strength was noted. Naprosyn and tramadol-acetaminophen were again renewed. A rather proscriptive 10 pound lifting limitation was endorsed.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Naproxen 550 mg Q 8 h #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications topic. Page(s): 22; 7.

**Decision rationale:** While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Naprosyn do represent a traditional first line treatment for various chronic pain conditions, including the chronic pain syndrome reportedly represent here. This recommendation is qualified by commentary made 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 is off of work. The applicant is having heightened pain complaints, as opposed to reduced pain complaints, despite ongoing Naprosyn usage. The applicant's pain complaints are diminishing her ability to concentrate. Ongoing usage of Naprosyn has failed to curtail the applicant's dependence on opioid agents such as tramadol-acetaminophen. All of above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing Naprosyn usage. Therefore, the request is not medically necessary.

**Tramadol/APAP 37.5/325mg tid #120:** Upheld

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

**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 includes 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 is off of work. The applicant's pain complaints appear to be heightened, as opposed to be reduced, despite ongoing tramadol-acetaminophen usage. The attending provider has failed to outline any tangible material decrements in pain achieved as a result of tramadol- acetaminophen usage. All the above, taken together, do not make a compelling case for continuation of the same. Therefore, the request is not medically necessary.

