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| <b>Case Number:</b>   | CM14-0117047 |                              |            |
| <b>Date Assigned:</b> | 08/04/2014   | <b>Date of Injury:</b>       | 04/18/2013 |
| <b>Decision Date:</b> | 09/17/2014   | <b>UR Denial Date:</b>       | 07/15/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/24/2014 |

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 injured worker is a 49-year-old female who reported injury on 04/18/2013 caused by unspecified injury. The injured worker had a history of knee pain with diagnoses of right knee status post arthroscopic chondroplasty, medial femoral condyle and patella, patellofemoral end stage arthritis. The past surgery included a right knee arthroscopy dated 12/02/2013. The past treatment included 36 sessions of postoperative physical therapy with minimal improvement, and acupuncture. The objective findings dated 06/18/2014 of the right knee revealed tenderness at the medial and lateral joint line, range of motion with crepitance with flexion 80 degrees with pain and 10 degrees with extension. The magnetic resonance imaging (MRI) of the bilateral knees revealed end stage arthritis. The current medication included Norflex 100 mg, Tramadol 150 mg, Protonix 20 mg, and Anaprox. The injured worker reported her pain a 6/10 using the visual analog scale. The objective findings dated 05/15//2014 of the right knee revealed well healed arthroscopic portals, a 1 to 2+ effusion with crepitus noted throughout range of motion. The treatment plan for a trial of Orthovisc for the right knee, Protonix 20 mg, Tramadol 150 mg, and Anaprox 550 mg. There was no rationale provided. The request for authorization was not submitted in the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prontonix 20mg # 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. risk for Gastrointestinal events.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) indicate that Non-steroidal anti-inflammatory agents per Package inserts it is recommended to perform periodic lab monitoring of a complete blood count (CBC) and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Determine risk factors for history of peptic ulcer, GI bleeding or perforation. Per the documentation provided, no CBC or chemistry profile was evident in the documentation that included a liver and renal functional testing. The injured worker did not have a diagnosis of gastrointestinal problems. No history of peptic ulcers. The request did not indicate the frequency. As such, the request is not medically necessary and appropriate.

**tramadol 150mg # 30 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol,;Ongoing management Page(s): 82, 93, 94, 113; 78.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) states Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain and it is not recommended as a first-line oral analgesic. California MTUS recommend that there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. And no indication that the injured worker has neuropathic pain and he is not recommended for a first time oral analgesics. The injured worker should be monitored for aberrant side effects and the aberrant drug taking behavior. The request did not indicate the frequency. As such, the request is not medically necessary and appropriate.

**Anaprox 550mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anaprox Page(s): 72,73.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) guidelines indicate that Anaprox is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the

signs and symptoms of osteoarthritis and they recommend the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. The guidelines indicate that Anaprox should be used for the lowest effective dose for the shortest duration of time consistent with the individual's treatment goals. The request did not address the frequency. As such, the request is not medically necessary and appropriate.