

<b>Case Number:</b>	CM14-0026380		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	03/14/2012
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 56-year-old female with a 3/14/12 date of injury. At the time (1/2/14) of request for authorization for Anaprox DS 550 mg #60 with three (3) refills, Prilosec 20 mg #60 with three (3) refills, and Ultram ER 150 mg #30 with three (3) refills, there is documentation of subjective (moderate low back pain, bilateral knee pain, and right ankle pain) and objective (tenderness across the lower back, positive straight leg raise on the right, weakness of the extensor hallucis longus and ankle extensors on the right; bilateral knee patellofemoral crepitation and medial joint tenderness; tenderness to palpation across the anterolateral aspect of the ankles and feet with foot drop on the right) findings. The current diagnoses include bilateral knee internal derangement, right ankle chronic strain, rule out lumbar radiculopathy, and rule out foot drop related to the lower back complaints. The treatment to date include medications (Anaprox, Prilosec, and Ultram since at least 11/27/13 with decrease in pain levels), physical therapy, and activity modification. Regarding Anaprox DS 550 mg #60 with three (3) refills, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Anaprox. Regarding Prilosec 20 mg #60 with three (3) refills, there is no documentation of risk for gastrointestinal events (high dose/multiple NSAID use). Regarding Ultram ER 150 mg #30 with three (3) refills, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Ultram.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**ANAPROX DS 550MG #60, WITH THREE (3) REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

**Decision rationale:** The Chronic Pain Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of non-steroidal anti-inflammatory drugs (NSAIDs). The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of bilateral knee internal derangement, right ankle chronic strain, rule out lumbar radiculopathy, and rule out foot drop related to the lower back complaints. In addition, there is documentation of chronic low back pain. However, despite documentation of ongoing treatment with Anaprox since at least 11/27/13, with decrease in pain levels, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Anaprox. Therefore, based on guidelines and a review of the evidence, the request for Anaprox DS 550 mg #60 with three (3) refills is not medically necessary.

**PRILOSEC 20MG #60, WITH THREE (3) REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs).

**Decision rationale:** The Chronic Pain Guidelines identify that the risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, gastrointestinal (GI) bleeding or perforation; concurrent use of aspirin (ASA), corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID use. The Official Disability Guidelines identify documentation of risk for gastrointestinal events and preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Prilosec. The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of bilateral knee internal derangement, right ankle chronic strain,

rule out lumbar radiculopathy, and rule out foot drop related to the lower back complaints. However, despite documentation of ongoing treatment with Anaprox and an associated request for Anaprox, there is no (clear) documentation of risk for gastrointestinal events (high dose/multiple NSAID use). Therefore, based on guidelines and a review of the evidence, the request for Prilosec 20 mg #60 with three (3) refills is not medically necessary.

**ULTRAM EXTENDED-RELEASE (ER) 150MG #30, WITH THREE (3) REFILLS:**

Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Tramadol (Ultram) Page(s): 74-80; 113.

**Decision rationale:** The Chronic Pain Guidelines identify documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; as criteria necessary to support the medical necessity of opioids. In addition, specifically regarding Ultram, the Guidelines identify documentation of moderate to severe pain and Tramadol used as a second-line treatment (alone or in combination with first-line drugs), as criteria necessary to support the medical necessity of Tramadol. The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of bilateral knee internal derangement, right ankle chronic strain, rule out lumbar radiculopathy, and rule out foot drop related to the lower back complaints. In addition, there is documentation of moderate pain and Tramadol being used as a second-line treatment (in combination with first-line drugs). However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, despite documentation of ongoing treatment with Ultram since at least 11/27/13, with a decrease in pain levels, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Ultram. Therefore, based on guidelines and a review of the evidence, the request for Ultram ER 150 mg #30 with three (3) refills is not medically necessary.