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| Case Number: | CM14-0072545 | | |
| Date Assigned: | 07/16/2014 | Date of Injury: | 09/07/2005 |
| Decision Date: | 09/08/2014 | UR Denial Date: | 05/02/2014 |
| Priority: | Standard | Application Received: | 05/19/2014 |

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 55-year-old male with a 9/7/06 date of injury. At the time (5/2/14) of request for authorization for Naproxen Sodium 550mg #60 and Tramadol/APAP 37.5/325mg #60, there was documentation of subjective (mild right shoulder pain that comes and goes, pain worsen with range of motion and activities of daily living) and objective (right shoulder abduction 110 degrees) findings, current diagnoses (shoulder injury, status post-surgical, post-operative chronic pain, lower extremity pain), and treatment to date (medications including ongoing use of naproxen and tramadol/APAP). Regarding the requested Naproxen Sodium 550mg #60, there was no documentation of an acute exacerbation of chronic pain 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 Naproxen use to date. Regarding the requested Tramadol/APAP 37.5/325mg #60, there is no documentation that the prescriptions are from a single practitioner and are taken as directed, that the lowest possible dose is being prescribed, that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, side effects, 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 Tramadol/APAP use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Medical Treatment Guideline or Medical Evidence.

Decision rationale: The MTUS Chronic Pain Medical Treatment 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 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 was documentation of diagnoses of shoulder injury, status post-surgical, post-operative chronic pain and lower extremity pain. However, there is no documentation of an acute exacerbation of chronic pain. In addition, given medical records reflecting ongoing use of naproxen, there was 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 Naproxen use to date. Therefore, based on guidelines and a review of the evidence, the request for Naproxen Sodium 550mg #60 is not medically necessary.

Tramadol/Apap 37.5/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Medical Treatment Guideline or Medical Evidence.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines necessitate 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. 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 was documentation of diagnoses of shoulder injury, status post-surgical, post-operative chronic pain, lower extremity pain. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; and that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given medical records reflecting ongoing use of Tramadol/APAP, 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 Tramadol/APAP use to date. Therefore, based on guidelines and a review of the evidence, the request for Tramadol/APAP 37.5/325mg #60 is not medically necessary.