

Case Number:	CM15-0000481		
Date Assigned:	01/12/2015	Date of Injury:	02/01/2007
Decision Date:	03/06/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 64 year old male who sustained an industrial injury on February 1, 2007. The mechanism of injury was not provided. Diagnoses include a lumbosacral herniated disc, radiculopathy into the lower extremities, left shoulder bursitis, tendinitis and impingement syndrome, lumbosacral strain/sprain, status post right shoulder arthroscopic surgery in 2005 and a torn meniscus and anterior cruciate ligament of the right knee and status post right knee surgery in 1998, 2004 and 2008. Treatment to date has included pain medications, a home exercise program, Orthovisc injections and multiple surgeries. Utilization Review makes reference to a progress report dated August 12, 2014. The documentation was not found in the medical records submitted for review. The current documentation dated August 20, 2014 notes that the injured worker reported right knee pain and swelling. Physical examination revealed less pain, a positive Draw sign, a positive Pivot shift and decreased flexion of the right knee. On January 2, 2015 the injured worker submitted an application for IMR for review of Naproxen 550 mg # 60 and Tramadol 37.5/325 mg # 90. On December 9, 2014 Utilization Review evaluated and non-certified the requests for the Naproxen and Tramadol. The MTUS, Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60 DOS 11/10/14: 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) Page 22.

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of the NSAID's functional benefit is advised as long term use of NSAIDs beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have not adequately addressed the indication to continue this NSAID for this chronic injury nor its functional efficacy derived from treatment already rendered. There is no report of acute flare or new injuries. NSAIDs is a second line medication after use of acetaminophen. The Naproxen 550mg #60 DOS 11/10/14 is not medically necessary and appropriate.

Tramadol 37.5/325mg #90 DOS 11/10/14: 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) 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Tramadol 37.5/325mg #90 DOS 11/10/14 is not medically necessary and appropriate.