

<b>Case Number:</b>	CM15-0140350		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	11/25/1998
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 was a 62 year old female, who sustained an industrial injury, November 25, 1998. The injured worker previously received the following treatments right knee MRI, right knee cortisone and Synvisc injections, Tramadol, Naproxen, Hydrocodone and right knee x-ray. The injured worker was diagnosed with right knee arthroscopic surgery, lumbar multilevel degenerative changes, lumbosacral spondylosis without myelopathy. right knee osteoarthritis left knee total arthroplasty, cervical spine spondylosis without myelopathy, shoulder impingement and degeneration of cervical intervertebral disc. According to progress note of May 13, 2015, the injured worker's chief complaint was right knee pain. The review of the right knee x-ray showed osteoarthritis. Medication improved the injured worker's ability to function. The treatment plan included prescriptions for Tramadol, Naproxen and Hydrocodone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 150 mg Qty 60 (retrospective DOS 10/28/14): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

**Decision rationale:** Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, length of prior use, pain score trend of evidence of Tylenol failure was not noted. Combined necessity with Norco and Hydrocodone was not substantiated. The records do not support the use of Tramadol for the date in question and is not medically necessary.

**Naproxen 550 mg Qty 90 (retrospective DOS 10/28/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti inflammatories Page(s): 56.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

**Decision rationale:** According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for several months. Length of prior use is unknown. Necessity to combine with 2 opioids is not justified. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. The use of Naproxen for the dates in question is not medically necessary.

**Hydrocodone 325 mg Qty 60 (retrospective DOS 10/28/14): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone Page(s): 92-93.

**Decision rationale:** Hydrocodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Hydrocodone for an unknown length of time in combination within Tramadol and Naproxen. There was no mention of Tylenol or Tricyclic or weaning failure. Pain score response was not noted. The continued use of Norco is not medically necessary.