

Case Number:	CM15-0163346		
Date Assigned:	08/31/2015	Date of Injury:	04/13/2009
Decision Date:	09/30/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/20/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 58-year-old male, who sustained an industrial injury on 4-13-2009. The mechanism of injury was a motor vehicle accident. The injured worker was diagnosed as having cervical-thoracic-lumbar sprain-strain and rule out left knee internal derangement. There is no record of a recent diagnostic study. Treatment to date has included left knee arthroscopy, therapy and medication management. In a progress note dated 7-21-2015, the injured worker complains of left knee pain rated 8 out of 10, cervical spine pain rated 7 out of 10 and low back pain rated 7 out of 10. Physical examination showed tenderness to the cervical paraspinal muscles, left knee and lumbar spine. The treating physician is requesting Tramadol ER 150mg #60, Naproxen sodium 550mg #90 and Pantoprazole 20 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 93-94 and 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use and (2) Opioids, dosing Page(s): 76-80 and 86.

Decision rationale: The claimant has a remote history of a work injury occurring in April 2009 as the result of a motor vehicle accident. He continues to be treated for low back and left knee pain. Treatments have included two failed left knee arthroscopic surgeries. Physical therapy, acupuncture, and a cervical epidural injection are also referenced as ineffective. When seen, pain was rated at 6-8/10. He had difficulty transitioning positions and a slightly antalgic gait. There was decreased spinal range of motion with tenderness and muscle spasms. There was decreased right upper extremity sensation and left upper extremity strength. There was a left knee joint effusion and he was wearing a brace. There was decreased and painful range of motion with crepitus and positive McMurray's testing. There was joint line tenderness. Medications were being prescribed on a long-term basis and were refilled. Naprosyn was being prescribed at a dose of 550 mg three times per day. Tramadol ER is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, an increased level of function, or improved quality of life. Continued prescribing was not medically necessary.

Naproxen sodium 550mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs Page(s): 67-68 and 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-73.

Decision rationale: The claimant has a remote history of a work injury occurring in April 2009 as the result of a motor vehicle accident. He continues to be treated for low back and left knee pain. Treatments have included two failed left knee arthroscopic surgeries. Physical therapy, acupuncture, and a cervical epidural injection are also referenced as ineffective. When seen, pain was rated at 6-8/10. He had difficulty transitioning positions and a slightly antalgic gait. There was decreased spinal range of motion with tenderness and muscle spasms. There was decreased right upper extremity sensation and left upper extremity strength. There was a left knee joint effusion and he was wearing a brace. There was decreased and painful range of motion with crepitus and positive McMurray's testing. There was joint line tenderness. Medications were being prescribed on a long-term basis and were refilled. Naprosyn was being prescribed at a dose of 550 mg three times per day. Oral NSAIDs (nonsteroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Dosing of naproxen is 275-550 mg twice daily and the maximum daily dose should not exceed 1100 mg. In this case, the requested dosing is in excess of guideline recommendations and cannot be accepted as being medically necessary.

Pantoprazole 20mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-71.

Decision rationale: The claimant has a remote history of a work injury occurring in April 2009 as the result of a motor vehicle accident. He continues to be treated for low back and left knee pain. Treatments have included two failed left knee arthroscopic surgeries. Physical therapy, acupuncture, and a cervical epidural injection are also referenced as ineffective. When seen, pain was rated at 6-8/10. He had difficulty transitioning positions and a slightly antalgic gait. There was decreased spinal range of motion with tenderness and muscle spasms. There was decreased right upper extremity sensation and left upper extremity strength. There was a left knee joint effusion and he was wearing a brace. There was decreased and painful range of motion with crepitus and positive McMurray's testing. There was joint line tenderness. Medications were being prescribed on a long-term basis and were refilled. Naprosyn was being prescribed at a dose of 550 mg three times per day. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant does not have any identified risk factors for a gastrointestinal event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy despite an excessive dose of Naprosyn which is also not medically necessary and is noncertified. The prescribing of a proton pump inhibitor such as Pantoprazole was not medically necessary.