

<b>Case Number:</b>	CM15-0206680		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	10/07/2013
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 57 year old female, who sustained an industrial injury on 10-07-2013. The injured worker was diagnosed as having lumbosacral spondylosis, degeneration of lumbar or lumbosacral intervertebral disc, lumbar sprain-strain, pain in hand joint, and pain in lower leg joint. Treatment to date has included diagnostics, functional restoration program, home exercise program, and medications. On 9-08-2015, the injured worker complains of back pain with radiation to both thighs, bilateral thumb pain, and left knee pain. She underwent a left total knee replacement, through her private insurance, on 6-04-2015 and was continuing with post-operative physical therapy. She reported doing better with the reduction of pain in her left knee since undergoing surgery and noticed a mild decrease in lower back pain with the improvement in her gait. She reported no longer having to use a cane and still had difficulty going down stairs. Medication use included Lexapro, Tramadol, Naproxen, and Tylenol. She reported taking Tylenol 500mg three times daily as needed, Naproxen (2 tablets per day on average), and Tramadol ("only in the evenings now rather than throughout the day"). She reported using a right thumb spica splint, which was not helpful, and was waiting to receive a left thumb spica splint. She reported trial in reducing Naproxen but had a "significant" increase in low back pain with the reduction trial. She reported some relief status post right lumbar facet rhizotomy at L2- 4 medial branches on 5-29-2015, but still had pain with bending movements. She had not worked since 1-2014 and did not feel that she would be able to return to her previous job due to the high physical demands. Objective findings included morbid obesity, an antalgic gait, diffuse tenderness in the left knee, normal muscle tone without atrophy in the upper and lower

extremities, strength 5 of 5, except 3 of 5 in left thumb apposition, and 4 of 5 in left digit abduction, left lower leg flexion, and left lower leg extension. Spasm and guarding was noted in the lumbar spine. Urine toxicology testing was administered (results negative for tested analytes). She was to remain "off duty". Medication refills were requested. The use of Naproxen and Tramadol was noted since at least 3-2015 and reported consumption was unchanged. On 9-22-2015 Utilization Review non-certified a request for Naproxen Sodium- Anaprox 550mg #90 and Tramadol-APAP 37.5-325mg #90.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Naproxen Sodium-Anaprox 550mg #90 DOS: 9/8/15: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** MTUS Guidelines allow for the use of NSAID medications for acute exacerbation of chronic low back pain. The Guidelines do not have the same standards to support use as are recommended for opioids i.e. objective functional measures etc. It is clearly documented that this individual experiences meaningful pain relief due to NSAID use and tapering has been trialed with exacerbation of pain. Improving function and low back pain is noted in part due to knee replacement and improved gait. The continued use of NSAIDs is reasonable under these circumstances. Although periodic short-term use is recommended, the level of improvement and minimal use of other medications supports a slight exception to the Guidelines with longer-term use. The Naproxen Sodium-Anaprox 550mg #90 DOS: 9/8/15 is medically necessary.

#### **Tramadol/APAP 37.5/325mg #90 DOS: 9/8/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for neuropathic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional improvement measures, Opioids, criteria for use.

**Decision rationale:** MTUS Guidelines have very specific recommended criteria to justify the long-term use of opioid medications. These criteria include detailed documentation of the amount and length of pain relief in addition to documentation of improved function as a specific result of opioid use. These criteria are not met with this individual. There is no documentation of the amount and length of pain relief and there is inadequate documentation of functional improvements due to use. The Tramadol/APAP 37.5/325mg #90 DOS: 9/8/15 is not supported by Guidelines and is not medically necessary.