

<b>Case Number:</b>	CM15-0212556		
<b>Date Assigned:</b>	11/02/2015	<b>Date of Injury:</b>	09/19/2011
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	10/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2015

### 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 68 year old male, who sustained an industrial injury on 9-19-2011. The injured worker was diagnosed as having right wrist joint inflammation with magnetic resonance imaging showing full-thickness cartilage loss on the radiocarpal joint and along the radial attachment of the TFCC ligament (where there is a tear), stenosis tenosynovitis along the first extensor compartment on the right, triggering along the right thumb, mild carpometacarpal joint inflammation and scaphotrapeziotrapezoidal joint involvement of the right thumb, numbness and tingling along the upper extremities, left thumb triggering, internal derangement of the knee bilaterally, and chronic pain syndrome with some element of sleep, stress and depression. Treatment to date has included diagnostics, cortisone steroid injections, physical therapy, and medications. On 9-25-2015, the injured worker complains of right greater than left heel pain, instability with popping and clicking in the left knee, and pain in his wrists and hands, associated with weakness, numbness, and tingling. His work status was modified and he was not working. He reported difficulty with gripping and grasping items, difficulty with prolonged standing and walking, and could not do bending or squatting. Function with activities of daily living was not described. Pain was not rated and complaints of sleep disturbance and-or depression were not noted. Current medication regimen was not described, noting "he takes medications as needed". Objective findings noted tenderness along the wrist joint with weakness with wrist flexion and extension at 5- of 5, tenderness along the extensors of the forearm, along the medial and lateral epicondyle (right greater than left), tenderness to both knees with full extension and flexion to 125 degrees, and a slightly antalgic gait. His blood pressure was not

documented on 9-25-2015 and was 182 over 94 on 8-26-2015. The treatment plan included Naproxen for inflammation, Trazadone for insomnia, Tramadol ER for pain, Protonix for upset stomach, and try to wean Ultracet 37.5-325mg for pain. Urine toxicology (5-18-2015) was inconsistent with reported medication. The duration of medication use could not be determined, but the progress report dated 5-18-2015 referenced prescribed Naproxen and Ultracet, and toxicology report (5-2015) referenced Trazadone as prescribed. On 10-23-2015 Utilization review non-certified a request for Naproxen 550mg #60 and Trazadone 50mg #60, and modified a request for Ultracet 37.5- 325mg #60 to Ultracet 37.5-325mg #45 for weaning.

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

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

#### **Naproxen 550mg, #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steriodal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter - NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steriodal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

**Decision rationale:** The claimant sustained a work injury in September 2011 and continues to be treated for right wrist and hand and bilateral knee pain. When seen in September 2015 he had bilateral heel pain. He was being evaluated for gout. He was having pain throughout his forearms with weakness, numbness, and tingling. He had bilateral knee instability with popping and clicking. Physical examination findings included wrist tenderness with weakness. He had tenderness over the forearm extensors. He had bilateral medial and lateral epicondyle tenderness. There was bilateral knee tenderness with decreased flexion. He had a slightly antalgic gait. Medications were prescribed. He had been taking extended release tramadol and authorization for Ultracet for weaning purposes was requested. The total MED (morphine equivalent dose) was decreased from 30 to 15 mg per day. Naproxen for inflammation, Protonix, and trazodone for insomnia were also requested. Oral NSAIDS (nonsteroidal antiinflammatory 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 claimant has chronic persistent pain. The requested dosing is within guideline recommendations and is medically necessary.

#### **Trazodone 50mg, #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress Chapter-Trazodone.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Mental Illness & Stress, Insomnia (2) Mental Illness & Stress, Insomnia treatment.

**Decision rationale:** The claimant sustained a work injury in September 2011 and continues to be treated for right wrist and hand and bilateral knee pain. When seen in September 2015 he had bilateral heel pain. He was being evaluated for gout. He was having pain throughout his forearms with weakness, numbness, and tingling. He had bilateral knee instability with popping and clicking. Physical examination findings included wrist tenderness with weakness. He had tenderness over the forearm extensors. He had bilateral medial and lateral epicondyle tenderness. There was bilateral knee tenderness with decreased flexion. He had a slightly antalgic gait. Medications were prescribed. He had been taking extended release tramadol and authorization for Ultracet for weaning purposes was requested. The total MED (morphine equivalent dose) was decreased from 30 to 15 mg per day. Naproxen for inflammation, Protonix, and trazodone for insomnia were also requested. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the nature of the claimant's sleep disorder is not provided. Whether the claimant has primary or secondary insomnia has not been determined. Conditions such as medication or stimulant side effects, depression, anxiety, restless legs syndrome, obstructive sleep apnea, pain and cardiac and pulmonary conditions, if present, should be identified and could be treated directly. The request for Trazodone is not medically necessary.

**Ultracet 37.5/325mg, #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Weaning of Medications.

**Decision rationale:** The claimant sustained a work injury in September 2011 and continues to be treated for right wrist and hand and bilateral knee pain. When seen in September 2015 he had bilateral heel pain. He was being evaluated for gout. He was having pain throughout his forearms with weakness, numbness, and tingling. He had bilateral knee instability with popping and clicking. Physical examination findings included wrist tenderness with weakness. He had tenderness over the forearm extensors. He had bilateral medial and lateral epicondyle tenderness. There was bilateral knee tenderness with decreased flexion. He had a slightly antalgic gait. Medications were prescribed. He had been taking extended release tramadol and authorization for Ultracet for weaning purposes was requested. The total MED (morphine equivalent dose) was decreased from 30 to 15 mg per day. Naproxen for inflammation, Protonix, and trazodone for insomnia were also requested. Ultracet (tramadol/acetaminophen) is a short acting combination opioid used for intermittent or breakthrough pain. In this case, it was being prescribed for weaning purposes and the total MED was decreased by 50%. Continued assessment and consideration of further weaning at follow-up would be expected. The request is medically necessary.