

<b>Case Number:</b>	CM15-0050789		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	03/19/2002
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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:

This 75-year-old man sustained an industrial injury on 3/19/2002. The mechanism of injury is not detailed. Diagnoses include internal derangement of the bilateral knees and chronic pain syndrome. Treatment has included oral medications, ice, and heat. Physician notes dated 2/23/2015 show complaints of knee pain rated 7-8/10. Recommendations include Norco and Nexium and follow up in one month.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DICLOFENAC 100MG #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAI.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Diclofenac 100mg #30 is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional nonsteroidal anti-inflammatory drugs and COX-2 nonsteroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. Diclofenac is not recommended as a first-line drug due to its increased risk profile. In this case, the injured worker's working diagnoses are internal derangement left knee, status post meniscectomy and status post one series Hyalgen injection with improvement; chronic pain syndrome; elements of depression, stress and sleep disorder. Diclofenac was prescribed as far back as 2012. The injured worker has a history of gastritis and has failed treatment with Prilosec, Nexium, and Protonix. There are no H2 blockers or proton pump inhibitors that work for the injured worker. Physical examination does not show any signs of inflammation or swelling at the affected left knee. The proton pump inhibitors are not tolerated in an injured worker with a history of gastritis and, as a result, nonsteroidal anti-inflammatory drugs are not clinically indicated. Additionally, there are no signs of inflammation overlying the left knee. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period. Diclofenac was prescribed as far back as 2012 with no evidence of objective functional improvement. Additionally, Diclofenac is not recommended as a first-line drug due to its increased risk profile. Consequently, absent clinical documentation with signs of inflammation, no signs of functional improvement with a history of gastritis and intolerance to proton pump inhibitors, Diclofenac 100mg #30 is not medically necessary.

**NALFON 400MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAI.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Nalfon 400mg #60 is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional nonsteroidal anti-inflammatory drugs and COX-2 nonsteroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are internal derangement left knee, status post meniscectomy and status post one series Hyalgen injection with improvement; chronic pain syndrome; elements of depression, stress and sleep disorder. Diclofenac was prescribed as far back as 2012. The injured worker has a history of gastritis and has failed treatment with Prilosec, Nexium, and Protonix. There are no H2 blockers or proton pump inhibitors that work for the injured worker. Physical examination does not show any signs of inflammation or swelling at the affected left knee. The proton pump inhibitors are not tolerated in an injured worker with a history of gastritis and, as a result,

nonsteroidal anti-inflammatory drugs are not clinically indicated. Additionally, there are no signs of inflammation overlying the left knee. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period. Diclofenac was prescribed as far back as 2012 with no evidence of objective functional improvement. Diclofenac is not recommended. Accordingly, Nalfon, a nonsteroidal anti-inflammatory drug, is not clinically indicated for similar reasons. Proton pump inhibitors are still not tolerated and the injured worker has a history of gastritis putting the injured worker at risk of gastrointestinal events. Consequently, absent clinical documentation with signs of inflammation, no signs of objective functional improvement Diclofenac since 2012 and an intolerance to proton pump inhibitors (with a documented history of gastritis), Nalfon 400mg #60 is not medically necessary.

**TRAMADOL ER 150MG QTY 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAI.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol ER 150 mg #30 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are internal derangement left knee, status post meniscectomy and status post one series Hyalgen injection with improvement; chronic pain syndrome; elements of depression, stress and sleep disorder. The treating physician, pursuant to a January 21, 2015 progress note, shows a request for both Norco 10/325 mg and tramadol ER 150 mg was requested. There was no clinical indication or rationale in the medical record for two opiates prescribed concurrently based on the clinical signs and symptoms in the medical record. Utilization review physician authorized Norco 10/325 mg. Consequently, absent compelling clinical documentation with a clinical indication/rationale for two opiates, Tramadol ER 150 mg #30 is not medically necessary.