

<b>Case Number:</b>	CM15-0083973		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	06/22/2014
<b>Decision Date:</b>	06/12/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 39 year old female, who sustained an industrial injury on 6/22/2014. She reported striking her right knee on the edge of a table. Diagnoses have included right knee contusion with post-traumatic chondromalacia patella. Treatment to date has included physical therapy, transcutaneous electrical nerve stimulation (TENS), home exercise program and medication. According to the progress report dated 4/6/2015, the injured worker complained of right knee pain rated 6/10. Physical exam revealed tenderness at the right knee medial joint line. McMurray's test was positive medially. Right knee showed effusion and patellofemoral crepitation with range of motion. Authorization was requested for Tramadol, Pantoprazole and Naproxen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER 150mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The patient presents with pain affecting the right knee. The current request is for Tramadol ER 150mg #60. The treating physician report dated 3/9/15 (186B) states, "Tramadol ER at titrated dose of 300 mg/day (2/day), has facilitated elimination of immediate-release (IR) opioid." The report goes on to state, "Specific examples provided in regards to objective improvement with medication on board including tolerance to activity and improved function at current dosing." MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The medical reports provided, show the patient has been taking Tramadol since at least 1/19/14 (169B). The report dated 3/9/15 notes that the patient's pain is improved by five points while on current medication, depending on level of activity. No adverse effects or adverse behavior were noted by patient. The patient's ADL's have improved such as the ability to cook, limited light housework and the ability to shop for necessities. The continued use of Tramadol has improved the patient's symptoms and have allowed the patient to enjoy a greater quality of life. In this case, all four of the required A's are addressed, the patient's pain level has been monitored upon each visit and functional improvement has been documented. Furthermore, the use of Tramadol has allowed the patient to successfully wean off all IR opioids. Recommendation is for authorization. The request is medically necessary.

**Naproxen Sodium 550mg #90:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

**Decision rationale:** The patient presents with pain affecting the right knee. The current request is for Naproxen Sodium 550mg #90. The treating physician report dated 3/9/15 (187B) states, "Recall failed other 'first line' NSAIDs including IB, diclofenac sodium, and ASA, and Cox-2 drug trials were non-efficacious as afforded no relief. Additional 2 point average diminution in pain is achieved with NSAID and reported/documented increase in range of motion." Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The report dated 3/9/15 notes that the patient's pain level decreases 2 points while on current medication. The report goes on to show that the patient's range of motion has increased as well. In this case, the patient's pain level decreases from the use of Naproxen Sodium and there is documentation of functional improvement. Furthermore, the patient has failed other first-line NSAIDs. The current request

satisfies the MTUS guidelines as outlined on page 60 and 67-73. Recommendation is for authorization. The request is medically necessary.

**Pantoprazole 20mg #90: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal, anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain - Proton pump inhibitors (PPIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

**Decision rationale:** The patient presents with pain affecting the right knee. The current request is for Pantoprazole 20mg #90. The treating physician report dated 3/9/15 (187B) states, "we dispensed pantoprazole to minimize potential for development of adverse GI events. The patient is at 'intermediate risk' for development of adverse GI events provided GI history therefore PPI dispensed in compliance with updated Guidelines to minimize potential for adverse GI events (MTUS p68, 81). Recall history of GI upset without PPI, however no presence of GI upset with PPI at tid dosing. Recall failed first line PPI, omeprazole, as was non efficacious." The MTUS guidelines state Pantoprazole is recommended with precautions, "(1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." Clinician should weigh indications for NSAIDs against GI and cardio vascular risk factors, determining if the patient is at risk for gastrointestinal events. In this case, there is documentation of current NSAID use and an indication that the patient is at intermediate risk for gastrointestinal events. Furthermore, the patient has experienced relief of GI symptoms from the use of Pantoprazole. The current request satisfies the MTUS guidelines as outlined on pages 68-69. Recommendation is for authorization. The request is medically necessary.