

<b>Case Number:</b>	CM15-0013395		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	06/10/2013
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2015

### 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: 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 34 year old male, who sustained an industrial injury on June 10, 2013. He has reported right knee pain. The diagnoses have included chondromalacia of the patella. Treatment to date has included medications, transcutaneous electrical nerve stimulation unit and right knee arthroscopy. A progress note dated November 12, 2014 indicates a chief complaint of continued right knee pain and compensatory left knee pain. Physical examination showed right knee tenderness with limited range of motion, crepitus, and calf muscle spasm. The treating physician is retrospectively requesting prescriptions for Tramadol, Naproxen, and Pantoprazole. On January 20, 2015 Utilization Review denied the request for the prescriptions citing the MTUS chronic pain medical treatment guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Tramadol ER 150 mg #60 dispensed on 11/12/2014:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Tramadol(Ultram) Page(s): 76-78, 88-89, 113.

**Decision rationale:** Based on the 12/10/14 progress report provided by treating physician, the patient presents with right knee pain rated 6/10. The request is for RETROSPECTIVE REQUEST FOR TRAMADOL ER 150MG #60 DISPENSED ON 11/12/14. The patient is status post right knee arthroscopy, July 2013. Patient's diagnosis per Request for Authorization form dated 01/14/15, with instructions to "see attached report 12/10/12," includes right knee moderate to severe chondromalacia patella and compensatory left knee pain, rule out meniscal pathology. Patient attended physical therapy and in continuing with TENS. Patients medications include Tramadol, Naproxen and Pantoprazole. Tramadol has been prescribed in progress reports dated 05/15/14, 11/12/14 and 12/10/14. Patient is temporarily permanently disabled. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol(Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. Tramadol has been prescribed in progress reports dated 05/15/14, 11/12/14 and 12/10/14. Per progress report dated 12/10/14, treater states "patient indicates that Tramadol ER has facilitated elimination of the IR opioid narcotic analgesic Schedule 3 drug. Recalls side effect such as lethargy and cognitive effects with opioid, not noted with Tramadol ER. Diminution in pain up to 6 points on a scale of 10... provides objective improvement such as greater range of motion and tolerance to activity and exercise and adherence to exercise regime. Denies side effects." Treater states "...ADL's which had at times been in jeopardy prior to medication on board. Examples of ADL's maintained include but not limited to shopping for groceries, light household duties, cooking, bathing, and grooming..." Urine toxicology results from 06/23/14 and 12/10/14 revealed compliance with prescribed medications and absence of illegal narcotics. In this case, the 4A's have been properly addressed, and treater has documented how Tramadol reduces pain and significantly improves patient's activities of daily living. Given adequate documentation as required by MTUS, the request IS medically necessary.

**Retrospective request for Naproxen 550 mg #90 dispensed on 11/12/2014:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60.

**Decision rationale:** Based on the 12/10/14 progress report provided by treating physician, the patient presents with right knee pain rated 6/10. The request is for RETROSPECTIVE REQUEST FOR NAPROXEN 550MG #90 DISPENSED ON 11/12/14. The patient is status

post right knee arthroscopy, July 2013. Patient's diagnosis per Request for Authorization form dated 01/14/15, with instructions to "see attached report 12/10/12," includes right knee moderate to severe chondromalacia patella and compensatory left knee pain, rule out meniscal pathology. Patient attended physical therapy and in continuing with TENS. Patient's medications include Tramadol, Naproxen and Pantoprazole. Patient is temporarily permanently disabled. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Naproxen has been prescribed in progress reports dated 05/15/14, 11/12/14 and 12/10/14. Treater states in progress report dated 12/10/14, "this medication is dispensed in compliance with MTUS guidelines provided failed first line NSAIDs, ASA, Ibuprofen, and Diclofenac sodium. Furthermore, failed trial of Cox-2 drug. First line drugs were non-efficacious as was Cox-2. Naproxen sodium 550mg at tid dosing facilitates average three point diminution in somatic pain with documented improvement in range of motion." Treater has documented benefit from medication. The request appears reasonable and in accordance with guideline indications. Therefore, the request IS medically necessary.

**Retrospective request for Pantoprazole 20 mg #90 dispensed on 11/12/2014:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 69.

**Decision rationale:** Based on the 12/10/14 progress report provided by treating physician, the patient presents with right knee pain rated 6/10. The request is for RETROSPECTIVE REQUEST FOR PANTOPRAZOLE 20MG #90 DISPENSED ON 11/12/14. The patient is status post right knee arthroscopy, July 2013. Patient's diagnosis per Request for Authorization form dated 01/14/15, with instructions to "see attached report 12/10/12," includes right knee moderate to severe chondromalacia patella and compensatory left knee pain, rule out meniscal pathology. Patient attended physical therapy and in continuing with TENS. Patient's medications include Tramadol, Naproxen and Pantoprazole. Patient is temporarily permanently disabled. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk,: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Regarding Protonix, or a proton pump inhibitor, MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present such as age greater 65; concurrent use of anticoagulants, ASA or high dose of NSAIDs; history of PUD, gastritis, etc. This medication also can be used for GI issues such as GERD, PUD or gastritis. Pantoprazole and Naproxen have been prescribed in progress reports dated 05/15/14, 11/12/14 and 12/10/14. Per progress report dated 12/10/14, treater states "...patient is at

intermediate risk for development of adverse GI events with NSAID on board and has failed first line PPI Omeprazole as was nonefficacious. Positive GI risk factors per history therefore PPI is consistent with Guidelines to minimize potential for adverse GI events with NSAID... History of GI upset with NSAID without PPI, PPI at qd and bid dosing, but patient denies GI upset with PPI at tid dosing. Current dosing within range outlined per PDR, most updated edition." Treater has documented benefit from medication. The request appears reasonable and in accordance with guideline indications. Therefore, the request IS medically necessary.