

Case Number:	CM15-0060875		
Date Assigned:	04/07/2015	Date of Injury:	05/29/2014
Decision Date:	05/22/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	03/31/2015

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: Texas, New York, 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 applicant is a represented 56-year-old who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of May 29, 2014. In a Utilization Review report dated March 25, 2015, the claims administrator failed to approve requests for tramadol and Naprosyn apparently prescribed on February 11, 2015. The applicant's attorney subsequently appealed. On December 26, 2014, the applicant reported ongoing complaints of knee pain status post earlier knee arthroscopy on July 22, 2014. The applicant's knee pain was scored at 8/10. Ancillary complaints of low back pain were reported. The applicant's knee pain was worsening, the treating provider acknowledged. Naprosyn, Protonix, and tramadol were apparently dispensed. Work restrictions were endorsed. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case. On February 11, 2015, the applicant reported ongoing complaints of low back and knee pain, 7/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg #60 dispensed on 2/11/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for tramadol, a synthetic opioid, is not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was seemingly off of work. The applicant's pain complaints were as high as 7-8/10, despite ongoing tramadol usage. The attending provider seemingly noted that the applicant's pain complaints were worsening over time, as opposed to improving over time, despite ongoing tramadol usage. The attending provider failed to outline any meaningful or material improvements in function (if any) with ongoing tramadol usage. All of the foregoing, taken together, did not make a compelling case for continuation of the same. Therefore, the request was not medically necessary.

Naproxen 550mg #90 dispensed on 2/11/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: Similarly, the request for Naprosyn, an anti-inflammatory medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge the anti-inflammatory medications such as Naprosyn do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here. This recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into its choice of recommendations. Here, however, the applicant's knee and low back pain were seemingly worsening from visit to visit, despite ongoing Naprosyn usage. Ongoing usage of Naprosyn failed to curtail the applicant's dependence on tramadol. Ongoing usage of Naprosyn failed to diminish the applicant's work restrictions from visit to visit. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Naprosyn. Therefore, the request was not medically necessary.