

<b>Case Number:</b>	CM15-0065182		
<b>Date Assigned:</b>	04/21/2015	<b>Date of Injury:</b>	05/06/2013
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	03/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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: Arizona, Texas  
 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:

The injured worker is 54 year old female, who sustained an industrial injury on May 6, 2013. The injured worker has been treated for neck, chest, back, bilateral knee, wrist and hand complaints. The diagnoses have included bilateral carpal tunnel syndrome, bilateral ulnar nerve entrapment at both elbows, cervical radiculopathy, chronic cervical and thoracolumbar myofascial pain syndrome, chronic sprain injury of the bilateral knees, lumbar disc protrusion and status post right knee arthroscopic surgery with residual pain. Treatment to date has included medications, radiological studies, physical therapy, aquatic therapy, lumbar injections, trigger point injections, electrodiagnostic studies, median nerve blocks, shockwave treatment and right knee surgery. Current documentation dated February 13, 2015 notes that the injured worker reported neck pain, upper and lower back pain, bilateral knee pain and pain and numbness of both hands and bilateral lower extremities. She also noted increasing depression and difficulty sleeping. The injured worker was noted to have a sixty to eight percent improvement in both her pain and ability to function with her current medications. Examination of the cervical and lumbar spine revealed a restricted range of motion. Multiple myofascial trigger points and taut bands were noted throughout the cervical, thoracic, lumbar and gluteal musculature. Examination of the bilateral knees revealed a slightly decreased range of motion. The treating physician's plan of care included a request for the medications Naproxen and Tramadol HCL ER.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550 MG #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 67-68.

**Decision rationale:** All NSAIDS have a boxed warning for associated risk of adverse cardiovascular events, including MI, stroke, and new onset or worsening of pre-existing hypertension. NSAIDS can cause ulcers and bleeding in the stomach and intestines at any time during treatment. The use of NSAIDS may compromise renal function. According to the MTUS NSAIDS are recommended at the lowest dose for the shortest period of time in patients with moderate to severe pain in patients with osteoarthritis. With regards to back pain NSAIDS are recommended as an option for short-term symptomatic relief. In general, there is conflicting evidence that NSAIDS are more effective than acetaminophen for acute low back pain. In this case, the documentation does not support that the patient has been treated with the lowest possible dose for the shortest amount of time. The continued use of naproxen is not medically necessary.

**Tramadol HCL ER 50 MG #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 74-96.

**Decision rationale:** Management of patients using opioids for chronic pain control includes ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The indication for continuing these medications include if the patient has returned to work or if the patient has improved functioning and pain. With regards to using opioids for chronic pain they have been suggested for neuropathic pain that has not responded to first-line recommendations (antidepressants, anticonvulsants). There are not trials of long-term use. Tramadol is a synthetic opioid affecting the central nervous system. Its use may increase the risk of seizure especially in patients taking SSRIs, TCAs and other opioids. Tramadol may produce life-threatening serotonin syndrome, in particular when used concomitantly with SSRIs, SNRIs, TCAs and MAOIs, and triptans or other drugs that may impair serotonin metabolism. Tramadol is indicated for moderate to severe pain. In this case the documentation notes an improvement in function and pain but doesn't give a detailed assessment of the improved function. Given potential for adverse effects of chronic opioid use the continued use of tramadol is not medically necessary due to a lack of meaningful improvement in function.