

<b>Case Number:</b>	CM15-0067768		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	08/06/2013
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2015

### 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: Emergency 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 a 55 year old female, who sustained an industrial injury on 9/06/2013. Diagnoses include lumbar radiculopathy, sprains and strains of ankle, current tear of cartilage or meniscus of knee not elsewhere classified, fracture of tarsal and metatarsal bones (left 5th metatarsal) and De Quervain's. Treatment to date has included diagnostics including magnetic resonance imaging (MRI), consultations with pain management and an orthopedic specialist, and medications. Per the Primary Treating Physician's Progress Report dated 1/19/2015, the injured worker reported bilateral knee pain, right greater than left, and low back pain as well as numbness, tingling and burning in her legs. Physical examination of the lumbar spine revealed tenderness and spasm in the paraspinal muscles with restricted range of motion to the lumbar spine. Examination of the knees revealed tenderness to pressure over the right medial knee joint. McMurry's test was positive on the right. The plan of care included medications and authorization was requested for Omeprazole 20mg #30, Naproxen Sodium 550mg #30, Tramadol HCL 50mg #60 and Orphenadrine ER 100 mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole DR 20 MG #30 with 2 Refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69.

**Decision rationale:** The requested Omeprazole DR 20 MG #30 with 2 Refills is not medically necessary. California's Division of Workers' Compensation Medical Treatment Utilization Schedule 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors. The injured worker has bilateral knee pain, right greater than left, and low back pain as well as numbness, tingling and burning in her legs. Physical examination of the lumbar spine revealed tenderness and spasm in the paraspinal muscles with restricted range of motion to the lumbar spine. Examination of the knees revealed tenderness to pressure over the right medial knee joint. McMurry's test was positive on the right. The treating physician has not documented medication-induced GI complaints nor GI risk factors, nor objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Omeprazole DR 20 MG #30 with 2 Refills is not medically necessary.

**Naproxen Sodium 550 MG #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pg. 22, Anti-inflammatory medications.

**Decision rationale:** The requested Naproxen Sodium 550 MG #30, is not medically necessary. California's Division of Workers' Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). 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." The injured worker has bilateral knee pain, right greater than left, and low back pain as well as numbness, tingling and burning in her legs. Physical examination of the lumbar spine revealed tenderness and spasm in the paraspinal muscles with restricted range of motion to the lumbar spine. Examination of the knees revealed tenderness to pressure over the right medial knee joint. McMurry's test was positive on the right. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Naproxen Sodium 550 MG #30 is not medically necessary.

**Orphenadrine ER 100 MG #60 with 2 Refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Page 63-66.

**Decision rationale:** The requested Orphenadrine ER 100 MG #60 with 2 Refills, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has bilateral knee pain, right greater than left, and low back pain as well as numbness, tingling and burning in her legs. Physical examination of the lumbar spine revealed tenderness and spasm in the paraspinal muscles with restricted range of motion to the lumbar spine. Examination of the knees revealed tenderness to pressure over the right medial knee joint. McMurry's test was positive on the right. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Orphenadrine ER 100 MG #60 with 2 Refills is not medically necessary.

**Tramadol HCL 50 MG Tabs #60 with 2 Refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113.

**Decision rationale:** The requested Tramadol HCL 50 MG Tabs #60 with 2 Refills, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has bilateral knee pain, right greater than left, and low back pain as well as numbness, tingling and burning in her legs. Physical examination of the lumbar spine revealed tenderness and spasm in the paraspinal muscles with restricted range of motion to the lumbar spine. Examination of the knees revealed tenderness to pressure over the right medial knee joint. McMurry's test was positive on the right. The treating physician has not documented: failed first-line opiate trials, VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. The criteria noted above not having been met, Tramadol HCL 50 MG Tabs #60 with 2 Refills is not medically necessary.