

Case Number:	CM15-0076510		
Date Assigned:	04/28/2015	Date of Injury:	02/15/2008
Decision Date:	06/08/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/21/2015

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, Indiana, New York
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 a 58 year old female, who sustained an industrial injury on February 15, 2008. She reported low back pain with bilateral buttock pain, right knee pain and right ankle pain. The injured worker was diagnosed as having low back pain with radicular symptoms into the right leg greater than the left confirmed with electrodiagnostic studies, right knee medial and lateral meniscus tear noted on magnetic resonance imaging, status post-surgical intervention of the right knee, bilateral plantar fasciitis, right Achilles tendonitis and chronic pain syndrome. Treatment to date has included Radiographic imaging, diagnostic studies, physical therapy, Hyalgan injections to the knees, epidural injections to the low back, lidocaine injections for plantar fasciitis, sacroiliac joint injections, medications and work restrictions. Currently, the injured worker complains of continued low back pain with associated bilateral buttock pain. The injured worker reported an industrial injury in 2008, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. It was noted she required a cane for ambulation. She reported requiring pain medications to maintain function on a daily basis. She reported up to a 90% temporary improvement with previous injections in multiple locations. Evaluation on February 13, 2015, revealed continued pain. Medications were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22; 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAI.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Naproxen 550mg #60 is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional nonsteroidal anti-inflammatory drugs and COX-2 nonsteroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are discogenic lumbar condition; internal derangement right knee status post meniscectomy; plantar fasciitis; a chronic pain syndrome with weight gain, sleep, depression and stress. A progress note dated March 24, 2015 shows the injured worker was started on the naproxen. The injured worker's other medications include Trazodone, Protonix, Effexor and Tramadol. According to an April 1, 2015 progress note from a pain management provider, the injured worker failed nonsteroidal anti-inflammatory drugs. It is unclear whether the orthopedic provider and pain management provider communicate with one another. The pain management provider indicated the injured worker failed nonsteroidal anti-inflammatory drugs. As a result, there is no clinical indication or rationale for ongoing Naproxen 550 mg. Consequently, absent clinical documentation with objective functional improvement with documentation the injured worker failed nonsteroidal anti-inflammatory drugs, Naproxen 550mg #60 is not medically necessary.

Tramadol ER (extended release) 150 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Tramadol (Ultram) Page(s): 74-95, 124; 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol ER 150mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is

recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are discogenic lumbar condition; internal derangement right knee status post meniscectomy; plantar fasciitis; a chronic pain syndrome with weight gain, sleep, depression and stress. A progress note dated March 24, 2015 shows the injured worker was started on the naproxen. The injured worker's other medications include trazodone, Protonix, Effexor and Tramadol. According to an April 1, 2015 progress note from a pain management provider, the injured worker failed nonsteroidal anti-inflammatory drugs. The March 24, 2015 progress note states the injured worker was to receive Percocet through [REDACTED] (private carrier). The documentation states the injured worker will be getting the Percocet because she is obviously becoming miserable. The documentation does not provide evidence of objective functional improvement with ongoing tramadol. Additionally, the pain management provider is prescribing Percocet. It is unclear whether the pain management provider is aware the injured worker is receiving Percocet through [REDACTED] (private carrier). Also, tramadol is not a first line opiate. There are no risk assessments in the medical record. There are no detailed pain assessments in the medical record. Consequently, absent clinical documentation with evidence of objective functional improvement with documentation the injured worker is receiving Percocet (possibly from two sources), Tramadol ER 150mg #60 is not medically necessary.