

<b>Case Number:</b>	CM13-0034782		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	06/28/2011
<b>Decision Date:</b>	10/13/2014	<b>UR Denial Date:</b>	10/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations

### 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 patient is a 57 year old female with an injury date of 06/28/11. The 09/25/13 and 08/15/13 progress reports by [REDACTED] states that the patient presents with worsening bilateral knee pain with left knee pain rated 8/10. The patient is noted to be working with modified duty and that she ambulates with a cane. Examination reveals, antalgic gait, and mild left knee tenderness. The patient's diagnoses include left knee injury; status post left knee surgery 2011; resultant degenerative changes in the left knee; and R/O internal derangement bilateral knees. On 09/25/13 medications were listed as Anoprox, Fexmid, Protonix and Ultram. The utilization review being challenged is dated 10/03/13. Treatment reports were provided from 04/10/13 to 09/25/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CYCLOBENZAPRINE 7.5MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE Page(s): 41-64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Muscle relaxants (for pain) Page(s): 64; 63.

**Decision rationale:** MTUS guidelines for muscle relaxants state the following: Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. MTUS guidelines for muscle relaxants for pain state the following: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. MTUS does not recommend more than 2-3 weeks of use of this medication. In this case, Fexmid (Cyclobenzaprine) shows as a listed medication since 05/29/14, which exceeds the 2-3 weeks recommended use. Therefore, the request is not medically necessary.

**TRAMADOL CHL 150MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, Page(s): 91.

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

**Decision rationale:** MTUS Guidelines 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 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. In this case, the patient has been noted to be taking Ultram (Tramadol) since at least 05/29/13. The treater states that medications help and the use of pain scales show pain rated as 9/10 on 04/10/13 and 8/10 on 09/25/13. However, that was in the context of all medications. No specific ADL's are mentioned to show a significant change with use of this medication. Opiate management issues are only partially addressed. A negative 09/25/13 toxicology report was provided; however, this was not discussed or addressed. There is no discussion of aberrant behavior or side effects. As such, the request is not medically necessary.

**PANTOPRAZOLE 20MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68,69.

**Decision rationale:** MTUS states that Proton Pump Inhibitors (PPIs) are appropriate for use with non selective NSAIDs for patients at risk with high, intermediate and mild to moderate risk of GI events. In this case the, the treater states the medication is intended for stomach upset. MTUS guidelines recommend PPIs with precautions as indicated below. Clinicians should weight 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) . In this case, the patient is not documented to be taking multiple NSAIDs and the treater does not provide GI assessment as required by MTUS. As such, the request is not medically necessary.

**NAPROXEN SODIUM 550MG #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, Page(s): 67-73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 68,68.

**Decision rationale:** MTUS does support the use of NSAIDs for chronic pain, specifically for low back, neuropathic and osteoarthritis. In this case, the patient does have chronic neuropathy and the reports indicate the start of the course of medication on 09/25/13. The treater states the medication is for inflammation. As such, the request is medically necessary.