

Case Number:	CM13-0039444		
Date Assigned:	12/18/2013	Date of Injury:	10/29/2012
Decision Date:	11/03/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/28/2013

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 41 year old employee with date of injury of 10/29/2012. Medical records indicate the patient is undergoing treatment for leg pain and lumbago. He is status-post diagnostic/operative knee arthroscopy; arthroscopic partial medial and lateral meniscectomy; chondroplasty patellofemoral joint; extensive three-compartment synovectomy/debridement; resection of hypertrophic synovial plica and insertion of pain pump (extra-articular) (2/15/2013). Subjective complaints include constant pain in his right knee and lumbar spine. Objective findings include an exam of the lumbar spine reveals no radiculopathy but pain and tenderness across the iliac crest. Standing flexion and extension is guarded and restricted, right greater than left. In his right knee there is pain and tenderness in the medial aspect of the patella. He has medial joint compartment tenderness. Patellar facet is tender with some medial crepitation. Treatment has consisted of H-wave, PT, TENS unit, ice, heat, ibuprofen, lightweight Sam Browne belt, chiropractic care, knee sleeve, Naproxen, Cyclobenzaprine, Cidaflex, Ondansetron ODT, Omeprazole and Medrox. The utilization review determination was rendered on 9/23/2013 recommending non-certification of prospective Naproxen Sodium 550mg QTY 100; prospective Cyclobenzaprine Hydrochloride 7.5mg QTY 120; prospective Ondansetron ODT 8mg QTY 60; prospective Omeprazole DR 20 mg QTY 120 and prospective Medrox.

IMR ISSUES, DECISIONS AND RATIONALES

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

100 Naproxen Sodium 550mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Naproxen, NSAIDs (Non-Steroidal Anti-Inflammatory Drugs).

Decision rationale: MTUS specifies four recommendations regarding NSAID use: 1) Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain.2) Back Pain - Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP.3) Back Pain - Chronic low back pain: Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics.4) Neuropathic pain: There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. The medical documents do not indicate that the patient is being treated for osteoarthritis. Additionally, the treating physician does not document failure of primary (Tylenol) treatment. Progress notes do not indicate how long the patient has been on Naproxen, but the MTUS guidelines recommend against long-term use. Finally, there are also no medical documents indicating the rationale for a prescription of Naproxen at this time. As such, the request for prospective Naproxen Sodium 550mg QTY 100 is not medically necessary.

120 Cyclobenzaprine Hydrochloride 7.5mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine; Medications for Chronic Pain; Antispasmodics Page(s): 41-42; 60-61; 64-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Cyclobenzaprine (Flexeril) Other Medical Treatment Guideline or Medical Evidence: Up-to-date, Flexeril..

Decision rationale: MTUS Chronic Pain Medical Treatment states for Cyclobenzaprine, "Recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief." The medical documents indicate that patient is far in excess of the initial treatment window and period. Additionally, MTUS outlines that, "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and

increased activity. Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005)" Up-to-date "Flexeril" also recommends "Do not use longer than 2-3 weeks". Medical documents do not fully detail the components outlined in the guidelines above and do not establish the need for long term/chronic usage of Cyclobenzaprine. As such, the request for prospective Cyclobenzaprine Hydrochloride 7.5mg QTY 120 is not medically necessary.

60 Ondansetron ODT 8mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, Opioids Page(s): 68-69, 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Antiemetics (for Opioid Nausea).

Decision rationale: Ondansetron (Zofran) is an antiemetic used to decrease nausea and vomiting. Nausea is a known side effect of chronic opioid use and some Serotonin-norepinephrine reuptake inhibitors (SNRIs). The patient is on both Methadone (opioid) and Cymbalta (SNRI). ODG does not recommend use of antiemetic for "nausea and vomiting secondary to chronic opioid use". Additionally, "This drug is a serotonin 5-HT₃ receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use." There is no evidence that patient is undergoing chemotherapy/radiation treatment or postoperative treatment. The treating physician has not provided documentation to meet the above guidelines. As such the request for Ondansetron HCL 4mg, #10 is not medically indicated.

120 Omeprazole DR 20mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), NSAIDs, GI Symptoms & Cardiovascular Risk.

Decision rationale: MTUS states, "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 "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg Omeprazole daily) or Misoprostol (200g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." The medical documents provided do not establish the patient has having documented GI bleeding, perforation, peptic ulcer, high dose NSAID, or other GI risk factors as outlined in MTUS. As such, the request for prospective Omeprazole DR 20mg QTY 120 is not medically necessary.

30 Medrox Patch: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound Creams.

Decision rationale: The Medrox patches contain topical menthol, capsaicin, and salicylate. ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS recommends topical Capsaicin "only as an option in patients who have not responded or are intolerant to other treatments." There is no indication that the patient has failed oral medication or is intolerant to other treatments. ODG only comments on menthol in the context of cryotherapy for acute pain, but does state "Topical OTC pain relievers that contain Menthol, Methyl Salicylate, or Capsaicin, may in rare instances because serious burns, a new alert from the FDA warns." MTUS states regarding topical Salicylate, "Recommended. Topical Salicylate (e.g., Ben-Gay, Methyl Salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004) See also topical analgesics; & topical analgesics, compounded." In this case, topical Capsaicin is not supported for topical use per guidelines. As such, the request for Medrox patch QTY 30 is not medically necessary.

90 Tramadol Hydrochloride ER 150mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Opioids, Tramadol, Ultram Page(s): 74-96, 113, 123.

Decision rationale: Ultram is the brand name version of Tramadol, which is classified as central acting synthetic opioids. MTUS states regarding Tramadol that "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics.

Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." ODG further states, "Tramadol is not recommended as a first-line oral analgesic because of its inferior efficacy to a combination of Hydrocodone/Acetaminophen."The treating physician did not provide sufficient documentation that the patient has failed his trial of non-opioid analgesics at the time of prescription or in subsequent medical notes. Additionally, no documentation was provided which discussed the setting of goals for the use of tramadol prior to the initiation of this medication. The original utilization review recommended weaning and modified the request, which is appropriate. As such, the request is Tramadol Hydrochloride ER 150mg QTY 90 not medically necessary.