

<b>Case Number:</b>	CM13-0059804		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/08/2010
<b>Decision Date:</b>	04/01/2014	<b>UR Denial Date:</b>	11/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and Pain Medicine, 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 physician 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 38 year old female who was injured on 11/08/2010 while working as a housekeeper. She fell on some stairs and incurred a torn meniscus of the right knee. She also injured her back, hit her head and lost consciousness during the fall. Prior treatment history has included lumbar epidural injection. 03/23/2013 Medications Include: Tramadol 50 mg every 6 hours as needed Flexeril 7.5 mg every 8 hours as needed Prilosec 20 mg once a day Metformin 500 mg twice a day Celexa 10 mg qhs 05/18/2013 Medications Include: Tramadol 50 mg every 6 hours as needed Flexeril 7.5 mg qhs as needed Prilosec 20 mg once a day Metformin increased to 500 mg twice a day Lisinopril 5 mg daily Celexa 10 mg qhs 06/05/2013 Medications Include: Tramadol 50 mg every 6 hours as needed Flexeril 7.5 mg qhs as needed Prilosec 20 mg once a day Metformin increased to 500 mg twice a day Lisinopril 5 mg daily Celexa 10 mg qhs 07/13/2013 Medications Include: Tramadol 50 mg every 6 hours as needed Flexeril 7.5 mg qhs as needed Prilosec 20 mg once a day Metformin increased to 1000 mg twice a day Ramipril 5 mg once a day Hydrochlorothiazide 25 mg once a day Celexa 10 mg qhs Comprehensive Drug Panel dated 05/30/2013 indicated the prescribed medication, Celexa and Ultram, were not detected in the sample. Diagnostic studies reviewed include MRI of the left knee performed 09/08/2012 revealed cleavage tear, anterior horn, medial meniscus, with associated parameniscal cyst; MCL partial tear; Osteoarthritis at the medial and patellofemoral joint compartment. Follow up orthopedic consult dated 09/11/2013 documented the patient to have complaints of bilateral knee pain with weakness; loss of motor strength over the bilateral knees was noted to be grade 4/5. Secondary Treating Physician's Medical Report dated 09/14/2013 noted the patient returned for follow up evaluation of lumbar spine injury, bilateral hip sprain, right knee injury status post arthroscopic surgery, diabetes mellitus, hypertension, anxiety and depression. The patient was doing better. She stopped taking Ramipril and hydrochlorothiazide. She stopped

taking lisinopril and was doing much better. She denied any chest pain, shortness of breath, nausea, vomiting, constipation or diarrhea. The patient had mild to moderate lumbar paraspinal muscle spasm and tenderness with decreased range of motion. There was no motor or sensory deficit; deep tendon reflexes were 2+ bilaterally; no gait or equilibrium disturbances.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**One (1) prescription for Tramadol 50 mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-84.

**Decision rationale:** According to the MTUS guidelines, Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). Continued opioids use is recommended if the patient has returned to work and has improved functioning and pain. In this case, this employee has chronic knee and back pain and has been prescribed this medication for at least 2 years. However, there is no documentation of any objective functional improvement, reduced pain level, or increased activities with the use of this medication. Thus, the request for continued use of this medication is not medically necessary and appropriate. Also, guidelines indicate slow tapering/weaning process for the individuals having long-term use of opioids due to risk of withdrawal symptoms.

**One (1) prescription for Axid 150 mg: 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 Page(s): 68-69.

**Decision rationale:** Axid (nizatidine) is in a group of drugs called H2-receptor antagonists. According to the MTUS guidelines, H2-receptor antagonist is used for treatment of dyspepsia secondary to NSAID therapy. In this case, there is no subjective or objective documentation of GI events or ulcers. Thus, the request for prescription for Axid 150mg is not medically necessary and appropriate. The request is non-certified.

**One (1) prescription for Ketoprofen and gabapentin cream: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety; primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Guidelines indicate topical gabapentin is not recommended since there is no peer-reviewed literature to support use. Guidelines also indicate that there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of spine, hip or shoulder. Further guidelines indicate that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the prescription for Ketoprofen and gabapentin cream is not medically necessary and appropriate. The request is non-certified.