

Case Number:	CM14-0016455		
Date Assigned:	04/11/2014	Date of Injury:	11/02/2012
Decision Date:	05/29/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/10/2014

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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: This is a 61 year-old female with an 11/2/12 industrial injury claim. She has been diagnosed with right knee medial meniscus tear; left knee medial meniscus tear with meniscal cyst; spondylolisthesis L4 on L5; s/p remote left knee surgery; bilateral carpal tunnel syndrome; sleft shoulder rotator cuff tendinopathy with impingement and AC joint OA and SLAP lesion; right shoulder impingement syndrome. According to the 1/10/14 orthopedic report by [REDACTED], the patient presents with 5/10 left and right knee pain, 5/10 bilateral shoulder pain and 7/10 low back pain. She had right knee arthroscopy in August 2013. Tramadol helped decrease pain by 5 points on the 0-10 scale. The NSAID helped the pain by 2 points on a scale of 10, and improved. ROM, more noticable in the earlier hours of the day. Cyclobenzaprine helped with spasms for 4-6 hours allowing her to tolerate exercises and decrease pain 2-3 points. [REDACTED] notes the Pantoprazole was used for GI upset with NSAIDs, and the patient had failed Omeprazole. On 1/15/14 UR modified tramadol for weaning, and denied Pantoprazole, Naproxen and Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 150MG #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Tramadol, Page(s): 113.

Decision rationale: The Expert Reviewer's decision rationale: According to the 1/10/14 orthopedic report by [REDACTED], the patient presents with 5/10 left and right knee pain, 5/10 bilateral shoulder pain and 7/10 low back pain. Tramadol was reported to help decrease the pain by 5 points on a scale of 10. [REDACTED] states the patient was on a Schedule 3 narcotic IR drug but was having side effects of daytime lethargy, and was showing early signs of tolerance, neither of which are present with tramadol. Activities have increased with use of tramadol including household duties, grocery shopping, bathing, grooming, taking out trash. California MTUS criteria for use of opioid state a "Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life" The physician has reported decreased pain, and improved function. This is a satisfactory response per California MTUS guidelines. California MTUS does not require weaning or discontinuing opioid medications that are providing a satisfactory response.

CYCLOBENZAPRINE 7.5MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 41, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Muscle Relaxants (For Pain) Page(s): 63-66.

Decision rationale: The Expert Reviewer's decision rationale: According to the 1/10/14 orthopedic report by [REDACTED], the patient presents with 5/10 left and right knee pain, 5/10 bilateral shoulder pain and 7/10 low back pain. Cyclobenzaprine was reported to decrease pain levels 2-3 points and improve function. However, California MTUS guidelines on Cyclobenzaprine specifically states that it is not recommended for use longer than 3-weeks. The prescription for a 30-day supply of Cyclobenzaprine exceeds the California MTUS recommendations.

PANTOPRAZOLE 20MG #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, NSAIDS, GI Symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: The Expert Reviewer's decision rationale: According to the 1/10/14 orthopedic report by [REDACTED], the patient presents with 5/10 left and right knee pain, 5/10 bilateral shoulder pain and 7/10 low back pain. [REDACTED] states the patient has history of

GERD and has GI upset with use of NSAIDs. She failed Omeprazole and was managed on Pantoprazole. California MTUS discusses use of PPI's for dyspepsia from NSAIDs, stating: "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The use of Pantoprazole appears to be in accordance with California MTUS guidelines.

NAPROXEN 550MG #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Anti-Inflammatory Medications Page(s): 22.

Decision rationale: The Expert Reviewer's decision rationale: According to the 1/10/14 orthopedic report by [REDACTED], the patient presents with 5/10 left and right knee pain, 5/10 bilateral shoulder pain and 7/10 low back pain. [REDACTED] reports that the patient had failed trials of ASA and ibuprofen and Cox-2 NSAIDs but that Naproxen brings the pain down an average of 3 points on a scale of 10. Labs showed no anemia, and normal liver and kidney values. California MTUS states "A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." The use of Naproxen is in accordance with California MTUS guidelines.