

Case Number:	CM14-0154187		
Date Assigned:	09/23/2014	Date of Injury:	10/11/2011
Decision Date:	11/12/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/22/2014

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 patient is a 53 years old female with an injury date on 10/11/2011. Based on the 08/06/2014 progress report provided, the diagnoses are: 1.Contusion, left wrist, status post (S/P) surgical intervention, decompression and tenosynovectomy.2. Right knee contusion, with patellafemoral syndrome.3. Left shoulder impingement/sprain, rule out internal derangement.According to this report, the patient complains of pain in the left shoulder, right knee, and left wrist. Pain is rated as a 2/10 with medications and a 6/10 without medications. Tenderness is noted over the left shoulder, with positive impingement and spasms. Per treater, "The medications help the pain and she needs refills." "These medications decrease the patient's pain by approximately 2-3 points on the pain scale. The medications allow improved activities of daily living (ADL's) including the ability to ambulate, use the bathroom, and provide self-care, cook, and clean. The patient's ability to function is much improved with the use of prescribed medications." There were no other significant findings noted on this report. The utilization review denied the request on 08/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Anaprox-DS Naproxen 550mg 1 tab BID for inflammation, QTY: 90:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen (Naprosyn), NSAIDs Page(s): 67, 68, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, non-steroidal anti-inflammatory drugs Page(s): 60-61; 22; 67-68.

Decision rationale: According to the 08/06/2014 report, this patient presents with pain in the left shoulder, right knee, and left wrist. The treater is requesting a retrospective for Anaprox-DS Naproxen 550 mg 1 tab BID for inflammation, Qty: 90. The MTUS Guidelines pages 60 and 61 reveal the following regarding NSAID's, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." Naproxen is first noted in the 06/11/2014 report and it is unknown exactly when the patient initially started taking this medication. The 06/18/2014 and 08/06/2014 reports indicate "the medications help the pain" and "decrease the patient's pain by approximately 2-3 points on the pain scale." The request Anaprox-DS Naproxen appears reasonable and consistent with MTUS guidelines.

Retrospective: Fexmid Cyclobenzaprine 7.5mg 1 tab TID, QTY: 60: Upheld

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

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

Decision rationale: According to the 08/06/2014 report, this patient presents with pain in the left shoulder, right knee, and left wrist. The treater is requesting a retrospective for Fexmid Cyclobenzaprine 7.5mg 1 tab TID, QTY: 60. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic lower back pain (LBP). Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. Review of records show that the patient has been on Norflex (a muscle relaxant) since 06/11/2014. However, the treater is requesting Fexmid Cyclobenzaprine #60. Fexmid Cyclobenzaprine is not recommended for long term use. The treater does not mention that this is for a short-term use. Therefore, the request is not medically necessary and appropriate.

Retrospective: Ultram Tramadol HCL ER 150mg 1 cap OD, QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), Opioids, Weaning of Medications Page(s): 93-94,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 60-61; 76-78; 88-89.

Decision rationale: Tramadol was first mentioned in the 06/11/2014 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 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 page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant 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. Review of report shows documentation of pain assessment using a numerical scale describing the patient's pain and some ADL's are discussed. However, no outcome measures are provided; no aberrant drug seeking behavior is discussed, and no discussion regarding side effects. There is no opiate monitoring such as urine toxicology. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the request is not medically necessary and appropriate.