

<b>Case Number:</b>	CM14-0168636		
<b>Date Assigned:</b>	10/16/2014	<b>Date of Injury:</b>	02/22/2013
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 02/22/13 and continues to be treated for right knee pain. She was seen by the requesting provider on 09/11/14. She was having ongoing right knee symptoms. An MRI of the knee in July 2013 had shown findings of medial meniscus and anterior cruciate ligament tears with a joint effusion and Baker's cyst. Physical examination findings included medial joint line tenderness with positive McMurray testing. Medications were refilled. Authorization for surgical management was pending. She was continued at full duty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550mg #100:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 73.

**Decision rationale:** The claimant is more than 1 years status post work-related injury and continues to be treated for right knee pain. Imaging has shown findings of medial meniscus and anterior cruciate ligament tears with a joint effusion. Surgery is being considered. Oral NSAIDS

(non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation as in this case. Dosing of Naproxen is 275-550 mg twice daily and the maximum daily dose should not exceed 1100 mg. In this case, the requested dose is in within guideline recommendations and therefore medically necessary.

**Cyclobenzaprine HCL 7.5mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines non-sedating muscle relaxants. Decision based on Non-MTUS Citation ODG, Muscle Relaxants

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril) (2) Muscle relaxants Page(s): 41; 63.

**Decision rationale:** The claimant is more than 1 years status post work-related injury and continues to be treated for right knee pain. Imaging has shown findings of medial meniscus and anterior cruciate ligament tears with a joint effusion. Surgery is being considered. Medications include cyclobenzaprine which is being prescribed on a long term basis. Cyclobenzaprine is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, there is no identified new injury or exacerbation and cyclobenzaprine is being prescribed on a long-term basis. It was therefore not medically necessary.

**Ondansetron ODT 4mg #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC antiemetics (for opioid nausea)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Antiemetics (for opioid nausea) Other Medical Treatment Guideline or Medical Evidence: Ondansetron prescribing information

**Decision rationale:** The claimant is more than 1 years status post work-related injury and continues to be treated for right knee pain. Imaging has shown findings of medial meniscus and anterior cruciate ligament tears with a joint effusion. Surgery is being considered. Indications for prescribing Ondansetron are for the prevention of nausea and vomiting associated with cancer treatments or after surgery. The claimant has not had recent surgery and is not being treated for cancer. ODG addresses the role of antiemetics in the treatment of for opioid induced nausea. In this case, there is no history of opioid induced nausea and there is no other clinical reason identified that would support the use of this medication which is therefore not medically necessary.

**Tramadol HCL ER 150mg #90: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use (2) Opioids, dosing Page(s): 76-80; 86.

**Decision rationale:** The claimant is more than 1 years status post work-related injury and continues to be treated for right knee pain. Imaging has shown findings of medial meniscus and anterior cruciate ligament tears with a joint effusion. Surgery is being considered. Guidelines indicate that when prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tramadol ER is a sustained release formulation and would be used to treat baseline pain which is present in this case. The requested dosing is within guideline recommendations. In this case, there are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. Therefore, the continued prescribing of Tramadol ER was medically necessary.