

Case Number:	CM14-0026398		
Date Assigned:	06/20/2014	Date of Injury:	12/02/2009
Decision Date:	12/31/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/03/2014

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 Pain Management 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 43 year old male with an injury date of 12/02/09. Based on the 11/15/13 progress report, the patient complains of left knee pain and low back pain. He has tenderness in his left knee and lumbar spine. The lumbar spine also has a limited range of motion. The 12/06/13 report states that the patient's pain has increased to an 8/10 for the left knee and a 9/10 for the lower back. This report indicates that the patient has a limited range of motion for the left knee. In the 01/17/14 report, the patient is concerned of his left knee "popping, locking, and giving out." No further positive exam findings were provided. He is status post left knee arthroscopy, October 2012. The patient's diagnoses include persistent left knee pain status post arthroscopy, 2012, rule out internal derangement; lumbar radiculopathy; and rule out lumbar intradiscal component. The utilization review determination being challenged is dated 02/24/14. Treatment reports were provided from 10/25/13- 01/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROTONIX 20MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: According to the 01/17/14 report, the patient presents with left knee pain and low back pain. The request is for PROTONIX 20 MG #90 one by mouth three times daily for GI upset. The patient is currently taking Hydrocodone, Cyclobenzaprine, and Naproxen Sodium. The 01/17/14 report states that the "patient recalls GI upset." Regarding Protonix, or a proton pump inhibitor, MTUS page 69 allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present such as age greater 65; concurrent use of anticoagulants, ASA or high dose of NSAIDs; history of PUD, gastritis, etc. ODG guidelines also state that PPIs are recommended for patients at risks of gastrointestinal events. In this case, the reports do not indicate any GI symptoms nor is the patient on any NSAIDs with GI assessment to warrant the use of this medication. The request for PROTONIX 20MG is not medically necessary.

NAPROXEN 550MG #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain , Anti-inflammatory medications Page(s): 60, 61, 22.

Decision rationale: According to the 01/17/14 report, the patient presents with left knee pain and low back pain. The request is for Naproxen 550 MG #90 one by mouth three times daily. The patient has been taking Naproxen as early as 10/25/13. The 11/15/13 report indicates that "what is described as achy pain component is significantly decreased with NSAID, approximately three points on a 10 scale. The described achy pain was previously refractory. NSAID does enable greater range of motion, examples provided, particularly earlier and latter hours of day." The 12/06/13 report indicates that "NSAID does facilitate improved range of motion and additional 2 point average on scale of 10 diminished in pain." The 01/17/14 report states that "medication facilitates maintenance of ADLs including very light household duties, shopping for groceries, preparing food, bathing, grooming. Without medication ADLs at times had been in jeopardy, examples provided. Indicates ability to exercise and entertain healthy activity level with current medication on board. Improvement in range of motion and tolerance to a variety of activity with medication." MTUS Guidelines support the use of NSAIDs for chronic low back pain per page 22. It is also supported for other chronic pain conditions. For medication use in chronic pain, MTUS page 60 requires documentation of pain assessment and function as related to the medication use. In this case, the treater clearly documents how Naproxen has decreased the patient's pain and improved his functional capability, as required by MTUS page 60. The request for NAPROXEN 550MG #90 is medically necessary.

HYDROCODONE 7.5/650MG #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain , CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 88, 89, 76-78.

Decision rationale: According to the 01/17/14 report, the patient presents with left knee pain and low back pain. The request is for Hydrocodone 7.5 MG/650 MG #60 one by mouth two to three times daily for pain. The rationale is that "there is no documentation of a maintained increase in function or decrease in pain with the use of this medication." The patient is temporarily partially disabled and has been taking Hydrocodone as early as 10/25/13. The 11/15/13 report says that the "patient indicates that hydrocodone 7.5 mg reserved for 'breakthrough' or 'rescue' pain 2-3/day does adequately palliate severe breakthrough pain facilitates average four point decrease in pain as well as greater range of motion and exercise tolerance." The 12/06/13 report indicates that "Hydrocodone 7.5 mg does decrease somatic pain average of 4-5 points, which patient describes as being significant. Gives examples today in regards to increased tolerance to exercises recommended as well as greater range of motion with this medication on board. No side effects." He rates his left knee pain as an 8/10 and his low back pain as a 9/10. The 01/17/14 report states that "medication facilitates maintenance of ADLs including very light household duties, shopping for groceries, preparing food, bathing, grooming. Without medication ADLs at times had been in jeopardy, examples provided. Indicates ability to exercise and entertain healthy activity level with current medication on board. Improvement in range of motion and tolerance to a variety of activity with medication. Hydrocodone 7.5/650 mg bid decreases somatic pain average of 3-5 points on a scale of 10 with greater tolerance to a variety of activity and facilitating maintenance of ADLs. Objective improvement with this medication including greater range of motion and increased tolerance to activity and exercise, examples provided. Denies side effects with consumption hydrocodone 7.5 mg." He rates his left knee pain as a 7/10 and his low back pain as an 8/10. MTUS Guidelines page 88 and 89 states, "The patient 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 4 A's (analgesia, ADLs, adverse side effects, and adverse 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. The patient had a urine drug screen on 10/03/13 which appeared to be consistent with the patient's medications. In this case, adequate documentations have been provided including numeric scales and functional measures that show significant improvement. The treater also discusses the 4 A's regarding the patient's pain and function. The request for HYDROCODONE is medically necessary.

CYCLOBENZAPRINE 7.5MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63, 64.

Decision rationale: According to the 01/17/14 report, the patient presents with left knee pain and low back pain. The request is for CYCLOBENZAPRINE 7.5 MG #90 one by mouth three times a day for spasms. The patient has been taking Cyclobenzaprine as early as 10/25/13. According to MTUS Guidelines, Cyclobenzaprine are "not recommended to be used for longer than 2 or 3 weeks." MTUS page 63 states Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) is recommended for a short course of therapy. Limited, mixed evidence does not allow for a recommendation for chronic use. The patient has been taking cyclobenzaprine as early as 10/25/13, which indicates a long-term basis and is not within MTUS Guidelines. The treater does not indicate that this medication is to be used for short-term. The request for CYCLOBENZAPRINE 7.5MG #90 is not medically necessary.