

Case Number:	CM14-0026515		
Date Assigned:	06/13/2014	Date of Injury:	11/21/2011
Decision Date:	07/21/2014	UR Denial Date:	02/07/2014
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 Physical Medicine & 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 46-year-old male with a date of injury of 11/21/2012. The listed diagnosis per [REDACTED] is tear of medial cartilage or meniscus of the right knee. According to progress report on 02/03/2014 by [REDACTED], this patient presents with chronic knee pain. The patient characterizes his pain quality as aching and throbbing, and rates the pain as 3/10 and worst pain over the past week as 5/10. His pain with medication has been 3/10. The patient's medication regimen includes Relafen, Zyrtec, Norco 2.5/325 mg, Protonix 20 mg, and Flexeril 7.5 mg. The treater is requesting refills of Nabumetone, Cetirizine HCl 10 mg #30, cyclobenzaprine HCl 7.5 mg #60, pantoprazole sodium DR 20 mg #60, and Norco 2.5/325 mg #60. Utilization review denied the requests on 02/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CETIRIZINE HCL 10 MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Insomnia, and Drugs.com.

Decision rationale: This patient presents with chronic right knee pain. The treater is requesting a refill of cetirizine HCl 10 mg #30. The MTUS, ACOEM and ODG guidelines do not discuss Cetirizine for the treatment of chronic pain. Zyrtec (cetirizine) is an antihistamine that reduces the effects of natural chemical histamine in the body. This patient has been prescribed Zyrtec since 08/12/2013 "for anti-histamine effects (thus, decreasing swelling and inflammation)." The patient reported "some pain relief...less inflammation and reduce swelling" with taking Zyrtec. Medical documents reveal the patient is concurrently taking Norco and Nabumetone for pain and inflammation. Review of the MTUS and ODG guidelines do not discuss antihistamine medications and it's use as anti-inflammatory or pain reducing agent. While the treater believes this medication to be helpful, there is lack of guidelines support for the use of this medication for the purpose of pain reduction. It is sometimes used for allergies to other medications, insomnia and for anxiety but not for chronic pain. The request is not medically necessary.

CYCLOBENZAPRINE HCL 7.5 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

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

Decision rationale: This patient presents with chronic right knee pain. The treater is requesting a refill of cyclobenzaprine HCl 7.5 mg #60. The MTUS Guidelines page 64 states, "Cyclobenzaprine is recommended for short course of therapy. Limited mixed evidence does not allow for recommendation for chronic use." In this case, the patient has been taking cyclobenzaprine since 08/12/2013. MTUS does not recommend long-term use of muscle relaxants and recommends using 3 to 4 days of acute spasm and no more than 2 to 3 weeks. The requested Cyclobenzaprine #60 is not medically necessary and appropriate.

PANTOPRAZOLE SODIUM DR. 20 MG #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

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

Decision rationale: This patient presents with chronic right knee pain. The treater is requesting a refill of Pantoprazole sodium DR 20 mg #60 to be taken twice daily for "less irritation and swelling." The Utilization review denied the request stating there is no documentation of a GI condition. The MTUS Guidelines page 68 and 69 states that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. The treater recommends this medication to be used in conjunction with a NSAID to reduce swelling and inflammation in

addition to "GI protection property." On 02/03/2014, the treater noted GI irritation and reflux. The patient noted "less heartburn when taking this medication" and the patient has been taking NSAID on a long term basis. The request is medically necessary and appropriate.

NORCO 2.5/325 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use Page(s): 88-89.

Decision rationale: This patient presents with chronic right knee pain. The treater is requesting for breakthrough analgesic effects, Norco 2.5/325 mg to be taken every 6 hours to treat moderate to severe pain. Page 78 of MTUS requires "Pain Assessment" that should include, "current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." Furthermore, "The 4 A's for ongoing monitoring" are required that include analgesia, ADL's, adverse side effects and aberrant drug-seeking behavior. The patient reports that he has been taking this medication regularly as prescribed with significant pain relief. In reviewing the reports from 08/12/2014 to 02/03/2014, the treater notes a decrease in pain using a pain scale but provides no discussion of specific functional improvement in any of his report, as required by MTUS. Furthermore, the patient has been taking Norco since at least 08/12/2013 and there is no urine drug screen provided for the monitoring of this patient's medication compliance. Given the lack of sufficient documentation, the patient should slowly be weaned off of Norco as outlined in MTUS Guidelines. The request is not medically necessary.