

Case Number:	CM14-0036707		
Date Assigned:	06/25/2014	Date of Injury:	06/28/2011
Decision Date:	12/23/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/26/2014

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 Family Medicine 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:

This is a 57-year-old female claimant who sustained a work injury on 6/28/11 involving the knees. She was diagnosed with left knee injury, degenerative changes in the left knee and bilateral knee derangement. She had been on Tramadol and Fexmid for pain and spasms since at least September 2013. A progress note on 1/29/14 indicated the claimant had 9/10 pain. Exam findings were notable for an antalgic gait and left knee tenderness. The claimant was given Anaprox and Ultram for pain, Protonix for GI protection, Methoderm for topical pain control and Fexmid. She had been on the Protonix since at least September 2013 as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: According to the MTUS guidelines, NSAIDs are recommended at the lowest dose for arthritis of the knees. Tylenol should be considered for initial therapy. In this case, the claimant had been on Anaprox for several months. The pain level remained high. There

was no indication of Tylenol failure. In addition, the claimant required GI protection with Protonix. The use of an NSAID would increase the risk of GI disturbance. The continued use of Naproxen (Anaprox) is not medically necessary.

Menthoderm ointment 120ml:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Compounding Medications Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: Menthoderm contains topical methyl salicylate (NSAID). According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. The continuation of Menthoderm beyond 1 month exceeds the trial period recommended above. In addition, there is no documentation of failure of 1st line treatment. Therefore, the continued use of Menthoderm is not medically necessary.

Cyclobenzaprine 7.5mg #60:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 63.

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for a prolonged period without improvement in pain or function. Continued use is not medically necessary.

Tramadol HCL ER 150mg #60:

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. In this case, there is no evidence of Tylenol failure. In addition, the claimant continued to have a high level of pain despite several months of Tramadol use. There are no trials for long-term use. The continued use of Tramadol ER is not medically necessary.

Pantoprazole 20mg #60:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation NSAIDs, GI symptoms & cardiovascular risk

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

Decision rationale: According to the MTUS guidelines, Pantoprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Furthermore, the continued use of NSAIDs (Anaprox) as above is not medically necessary. Therefore, the continued use of Pantoprazole is not medically necessary.