

Case Number:	CM14-0055523		
Date Assigned:	08/08/2014	Date of Injury:	11/25/2013
Decision Date:	09/11/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	04/24/2014

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 46 year old male with an injury date on 11/25/2013. Based on the 02/14/2014 progress report diagnoses are right shoulder pain, headaches, right knee pain, anxiety, and L's sprain and strain. According to this report, the patient complains of right knee pain, rated as an 8/10, headaches and low back pain, rated as an 8/10. The 02/20/2014 report indicated the right knee range of motion is restricted with pain. Pain noted along the lateral joint line of the knee. MRI of the right knee on 02/11/2014 reveals tear of the anterior horn of the lateral meniscus with mild subluxation, laterally patella. The patient is to return to work with limited stooping and bending. The patient is to return to work on 02/20/2014 with limited stooping and bending. There were no other significant findings noted on this report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug test: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Criteria for Use of Urine Drug Testing.

Decision rationale: The Official Disability Guidelines (ODG) recommends a once a year urine screen following initial screening within the first 6 months for management of chronic opiate use in a low risk patient. In this case, medical records indicate the patient has not had any recent UDS, and the patient is noted to be on tramadol, an opiate, since 12/30/2013. Therefore, UDS would be reasonable. The request for a urine drug test is not medically necessary and appropriate.

Topical Compound Cream Flurbiprofen/capsaicin/menthol 120gm #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Regarding topical NSAIDS, MTUS guidelines recommends for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment." In this case, the patient does not meet the indication for the topical medication as he does not present with any osteoarthritis or tendonitis symptoms. In addition, Lidocaine is only allowed in a patch form and not allowed in cream, lotion or gel forms. The MTUS Guidelines page 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Therefore, the request for Topical Compound Cream Flurbiprofen/capsaicin/menthol 120gm #1 is not medically necessary and appropriate.

Compound Cream Ketoprofen/Cyclobenzaprine/lidocane 120gm #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The MTUS guidelines specifically recommends against the use of topical Ketoprofen stating "Ketoprofen is not currently FDA approved for a topical application." Therefore, the request for Compound Cream Ketoprofen/Cyclobenzaprine/lidocane 120gm #1 is not medically necessary and appropriate.

Naproxen 550 mg #90: Upheld

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

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

Decision rationale: 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." Review of reports show no mentions of Naproxen and it is unknown exactly when the patient initially started taking this medication. There were no discussions on functional improvement and the effect of pain relief as required by the guidelines. MTUS guidelines page 60 require documentation of medication efficacy when it is used for chronic pain. In this case, there is no mention of how this medication has been helpful in any way. Therefore, the request for Naproxen 550 mg #90 is not medically necessary and appropriate.

Pantoprazole 20 mg #60: Upheld

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

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

Decision rationale: The MTUS Guidelines state Pantoprazole is recommended for patients at risk for gastrointestinal events if used prophylactically for concurrent NSAIDs. MTUS requires proper GI assessment such as the age, concurrent use of anticoagulants, ASA, history of PUD, gastritis, etc. Review of the report do not show that the patient has gastrointestinal side effects with medication use. There is no discussion regarding GI assessment as required by MTUS. MTUS does not recommend routine use of GI prophylaxis without documentation of risk. Therefore, the request for Pantoprazole 20 mg #60 is not medically necessary and appropriate.

Cyclobenzaprine 7.5 #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available), Muscle relaxants (for pain Page(s): 64,63.

Decision rationale: Regarding this medication, MTUS page 29 states "Not recommended. This medication is not indicated for long-term use." The treating physician requested Cyclobenzaprine #90, on-going use of this medication is not supported by the MTUS. Therefore, the request for Cyclobenzaprine 7.5 #90 is not medically necessary and appropriate.

Retro Tramadol ER 150 mg # 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Retrospective request for Tramadol ER 150 mg # 30 Page(s): 80,60,61,88,89,78.

Decision rationale: For chronic opiate use, MTUS Guidelines require functioning documentation using a numerical scale or validated instrument at least once every 6 months. Also, MTUS requires documentation of 4 A's (analgesia, ADLs, adverse side effects, adverse behaviors). Furthermore, under outcome measures, MTUS recommends documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medications, et cetera. In this case, the report shows the patient is to return to work on 02/20/2014 but the treating physician does not state what this medication has done to help return to work. There is no discussion regarding medication efficacy including the four A's as required by MTUS. Therefore, the retrospective request for Tramadol ER 150 mg # 30 is not medically necessary and appropriate.

