

Case Number:	CM14-0056257		
Date Assigned:	07/09/2014	Date of Injury:	11/20/2008
Decision Date:	09/22/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/25/2014

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 Occupational 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:

The patient is a 56-year-old male who has submitted a claim for s/p right knee arthroscopy, s/p revision surgery, degenerative joint disease right knee, s/p right TKA, associated with an industrial injury date of November 20, 2008. Medical records from 2013 through 2014 were reviewed. The latest progress report, dated 03/28/2014, showed the right knee pain was getting better. The pain was 5-6/10 and the medications help him of the pain. Physical examination revealed normal reflex, sensory and power testing to bilateral upper and lower extremities. Straight leg raise test and bowstring were negative bilaterally. There was slight antalgic gait. Minimal right knee tenderness was noted. There was no evidence of instability. The right knee range of motion was decreased. Treatment to date has included right TKA (09/13/2013), right knee arthroscopy and revision surgery (03/29/2012), physical therapy, and medications such as Ultram since October 2013 and Fexmid since May 2014. Utilization review from 04/04/2014 modified the request from the purchase of Fexmid Cyclobenzaprine 7.5mg #60 to Fexmid Cyclobenzaprine 7.5mg #30 because the claimant has no documentation of muscle spasm. Furthermore, there was no documentation that the doctor was providing this on a short-term basis. A given amount was approved for weaning. The request for Ultram Tramadol HCL ER 150mg #60 was modified to Ultram Tramadol HCL ER 150mg #30 because the medical necessity for the patient to be on around-the-clock 24 x 7 analgesics was not apparent and a given amount was approved for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid Cyclobenzaprine 7.5mg #60 tbs: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Page(s): 41-42.

Decision rationale: As stated on page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of Cyclobenzaprine to other agents is not recommended. The patient was prescribed Cyclobenzaprine as early as May 2014. Use of medication is beyond guideline recommendation. Therefore, the request for Fexmid Cyclobenzaprine 7.5mg #60 is not medically necessary.

Ultram (tramadol) HCL ER 150mg #60 caps: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 93, 94.

Decision rationale: As stated on page 93-94 of CA MTUS Chronic Pain Medical Treatment Guidelines, Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Central analgesics such as Ultram are reported to be effective in managing neuropathic pain but opioids are not recommended as first-line therapy for neuropathic pain. Opioids could be considered first-line for following circumstances: prompt pain relief while titrating a first-line drug, treatment of episodic exacerbations of severe pain and treatment of neuropathic pain. In this case, the patient has been on Ultram as early as October 2013 and was prescribed for weaning. The rationale for continued treatment of the said medication was unclear since it was already weaned in the past due to no functional improvement. There is no clear indication for continued use of Ultram. The medical necessity was not established. Therefore, the request for Ultram (Tramadol) HCL ER 150mg #60 caps is not medically necessary.