MAXIMUS Federal Services

Case Number:	CM14-0095617		
Date Assigned:	07/25/2014	Date of Injury:	06/09/2011
Decision Date:	09/23/2014	UR Denial Date:	06/14/2014
Priority:	Standard	Application Received:	06/18/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 case of a 32-year-old male who has filed a claim for thoracic sprain/strain, knee tend/burs, meniscal tear, medial associated with an industrial injury date of 06/09/2011.Medical records from 2013 to 2014 were reviewed. Latest progress reports show that the patient still complains of continued mid back pain and spasms, worse on the left side, radiating around the ribcage. He also continues to complain of bilateral knee pain with locking, popping, instability, worse on the right side. Per 05/01/14 progress notes, patient reports that he has pain when performing activities of daily living such as getting dressed, arising from a chair or bed, going from a seated position to a standing position, driving, walking on uneven or slanted surfaces, etc. On examination, spasm, tenderness, and guarding are noted in the paravertebral musculature of the thoracic spine on the left side. Spasm is also noted in the left trapezius muscle. Medial and lateral joint line tenderness and patellar crepitus are noted with flexion and extension of both knees. Positive McMurray sign is noted in the left knee medially. Tenderness is noted in the popliteal fossa on the right knee. Treatment to date has included medications, right knee surgeries, physical therapy, chiropractic treatments, steroid, and Synvisc injections. Medications taken includes Skelaxin, Vimovo, Tylenol, Naprosyn, Robaxin, Celebrex, Voltaren gel, Norco, Robaxin, Prilosec, Lidoderm patches, Relafen, Prilosec and Ultram ER. Earliest record of Prilosec intake was October 2013. Earliest record of Ultram use was September 2012. No prior record of Relafen use has been documented.Utilization review dated 06/13/2014 denied the requests for Prilosec and Ultram ER, and modified the request for Relafen from #60 5 refills to #60 0 refills. Regarding Prilosec, review of medical records is negative for reported reflux or any gastrointestinal events. There is no indication of use of a PPI with prior medication use and no complaints of GI upset. Regarding Relafen, all NSAIDS have associated risks for cardiovascular and gastrointestinal events and is generally recommended that the lowest effective dose be used

for the shortest duration of time consistent with the individual patient treatment goals. Regarding Ultram, patient shows some improvement with anti-inflammatory medications so opioid use is not recommended. Per 06/26/14 appeal, the patient does note temporary and tolerable relief upon intake of medications. Previous Norco has been taken in the past with minimal reports of improvement and pain. In regards to Prilosec, the patient does report presently some mild gastric discomfort and complains of some stress and aggravation in relation to this case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #30 with 5 refills: Overturned

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

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

Decision rationale: As stated on pages 68-69 of the CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. The patient is at risk for gastrointestinal events if age > 65 years, has a history of peptic ulcer, GI bleeding or perforation, on concurrent use of ASA, corticosteroids, and/or an anticoagulant; or on high dose/multiple NSAID. Proton pump inhibitors should be prescribed among patients with intermediate risk factors. In this case, the patient is on Relafen, Robaxin, Norco, and Lidoderm patches. He also has complaints of GI upset. The patient apparently needs to have some protection against future gastrointestinal events. Therefore, the request for Prilosec 20mg #30 with 5 refills is medically necessary.

Relafen 750mg #60 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-69.

Decision rationale: According to pages 67-69 of the California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended as second-line treatment after acetaminophen. NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and there is no evidence of long-term effectiveness for pain or function. In this case, there was previous intake of Relafen. However, there was no evidence of acute pain exacerbation to warrant NSAID prescription. Moreover, the request for 5 refills is not appropriate because proper monitoring for side effects and efficacy must also be made. Therefore, the request for Relafen 750 mg #60 5 refills is not medically necessary.

Ultram ER 150mg #30 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Tramadol Page(s): 93-94.

Decision rationale: According to page 93-94 of the CA MTUS Chronic Pain Medical Treatment Guidelines, tramadol is a synthetic opioid affecting the central nervous system. It is not classified as a controlled substance by the DEA. Page 78 of the same guidelines states that to monitor the use of opioids, ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In this case, the patient has been on Ultram ER since 2013. Per 05/01/14 report, there seems to be little benefit from intake of this medication. Per 6/26/14 appeal, the patient does note temporary and tolerable relief upon intake of medications. Previous Norco has been taken in the past with minimal reports of improvement and pain. No reports of improvement in quality of life or activities of daily living were documented. The clinical indication for tramadol has not been clearly established. Therefore, the request for Ultram ER 150 mg #30 5 refills is not medically necessary.