

Case Number:	CM13-0053818		
Date Assigned:	12/30/2013	Date of Injury:	04/12/2013
Decision Date:	01/23/2015	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/18/2013

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 50 year old patient with a date of injury of 04/12/2013. Medical records indicate the patient is undergoing treatment for torn medial meniscus, right knee. Subjective complaints include pain and swelling to right knee. Objective findings include tenderness to anterior joint line space, positive McMurray's and Patellar grind, anterior drawer test and posterior pivot shift test are negative. MRI of the right knee dated 05/29/2013 revealed tear of the medial meniscus involving the anterior and posterior horns extending to the superior articular surface with peripheral displacement of the body of the medial meniscus. Treatment has consisted of physical therapy, surgery to right knee, Medrox patch, Tramadol, Cyclobenzaprine, Ondansetron, Omeprazole and Naproxen. The Utilization Review determination was rendered on 10/30/2013 recommending non-certification of Cyclobenzaprine Hydrochloride 7.5mg #120, Tramadol Hydrochloride 7.5mg #90, and Levofloxacin 750mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine Hydrochloride 7.5mg, #120: Upheld

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 Cyclobenzaprine, Medications for chronic pain, Antispasmodics Page(s): 41-42, 60-61, 64-66.

Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Cyclobenzaprine (Flexeril); Other Medical Treatment Guideline or Medical Evidence: UpToDate, Flexeril

Decision rationale: MTUS Chronic Pain Medical Treatment states for Cyclobenzaprine, "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. (Browning, 2001) Treatment should be brief." The treating physician's request for medications would be far in excess of the initial treatment window and period. Additionally, MTUS outlines that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005)" UpToDate "Flexeril" also recommends "Do not use longer than 2-3 weeks". Official Disability Guidelines states regarding Cyclobenzaprine, "Recommended as an option, using a short course of therapy . . . The addition of Cyclobenzaprine to other agents is not recommended." Other pain medications are being requested, along with Cyclobenzaprine, which Official Disability Guidelines recommends against. The patient has been on Cyclobenzaprine in excess of the guidelines recommendation of "short term use" and the date of injury was in 2013. As such, the request for Cyclobenzaprine Hydrochloride 7.5 MG, #120 is not medically necessary.

Tramadol Hydrochloride 7.5mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol, Ultram Page(s): 74-96, 113, 123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) - Medications for acute pain (analgesics), Tramadol (Ultram)

Decision rationale: Ultram is the brand name version of Tramadol, which is classified as central acting synthetic opioids. MTUS states regarding Tramadol that "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." Official Disability Guidelines further states, "Tramadol is not recommended as a first-line oral analgesic because of its inferior efficacy to a combination of Hydrocodone/Acetaminophen." The treating physician did not provide sufficient documentation that the patient has failed a trial of non-opioid analgesics nor has he documented a pain level that would warrant the use of opioid level analgesics. Additionally, no documentation was provided

which discussed the setting of goals for the use of tramadol prior to the initiation of this medication. The original utilization review recommended weaning and modified the request, which is appropriate. As such, the request for Tramadol Hydrochloride 7.5mg, #90 is not medically necessary.

Levofloxacin 750mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate, Fluoroquinolones (<http://www.uptodate.com/contents/fluoroquinolones?source=machineLearning&search=quinolones&selectedTitle=1%7E150§ionRank=3&anchor=H527964309#H527964309>) and Epocrates, Levaquin (<https://online.epocrates.com/>)

Decision rationale: According to the medical treatment guideline, Fluoroquinolones are the only class of antimicrobial agents in clinical use that are direct inhibitors of bacterial DNA synthesis. They inhibit two bacterial enzymes, DNA gyrase and topoisomerase IV, which have essential and distinct roles in DNA replication. The fluoroquinolones are bactericidal. (See 'Mechanisms of action' above.) Fluoroquinolones, especially the newer agents, have a wide spectrum of activity that includes gram-negative bacilli, Streptococcus pneumoniae and other respiratory pathogens, other gram-positive cocci, and mycobacterial species. The specific antimicrobial spectrum varies with the different fluoroquinolones. Fluoroquinolones can interact with a variety of other drugs. A common problem is that co-administration of fluoroquinolones with aluminum-, magnesium-, or, to a lesser extent, calcium-containing antacids leads to markedly reduced oral bioavailability of the quinolone, presumably because of the formation of cation-quinolone complexes, which are poorly absorbed. The medical documentation provided suggests this patient is wishing to proceed to surgical intervention, however, this drug class is not recommended as a perioperative drug for prophylaxis in orthopedic surgeries. As such, the request for Levofloxacin 750mg, #30 is not medically necessary.