

Case Number:	CM14-0186650		
Date Assigned:	11/14/2014	Date of Injury:	11/20/2008
Decision Date:	01/05/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/10/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee and leg pain reportedly associated with an industrial injury of November 28, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; multiple prior knee surgeries, apparently culminating in a total knee arthroplasty procedure in September 2012; topical agents; opioid therapy; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated November 4, 2014, the claims administrator denied a request for Mentoderm, cyclobenzaprine, tramadol, and Protonix. The applicant's attorney subsequently appealed. In an October 24, 2014 progress note, the applicant reported 4/10 pain with medications versus 7/10 without medications. The applicant's knee was still swelling. It was stated that the applicant needed medications for weaning purposes in one section of the note while another section of the note stated that the applicant was benefitting from medications. It was stated that the applicant was working modified duty in another section of the report. Naproxen, Protonix, cyclobenzaprine, and tramadol were endorsed. It was stated the applicant had a history of gastritis with medications and that Protonix had apparently attenuated the same. It was stated that the applicant's ability to cook, clean, and ambulate were ameliorated with medication consumption and that the applicant's pain scores dropped by 2-3 points following medication usage. Work restrictions were endorsed. In a September 11, 2014 Medical-legal Evaluation, it was stated the applicant was working with limitations in place, despite his ongoing issues with knee pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Mentherm ointment 120ml, dispensed 10/24/14: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals Page(s): 105.

Decision rationale: As noted on page 105 of the MTUS Chronic Pain Medical Treatment Guidelines, salicylate topicals such as Mentherm are recommended in the treatment of chronic pain as was present here on or around the date in question. The applicant had longstanding knee pain complaints which, the attending provider has posited, have been attenuated following introduction of Mentherm. The applicant has reported an appropriate reduction in pain scores by 2-3 points with ongoing medication consumption, including ongoing Mentherm consumption. The applicant has returned to and/or maintained full-time work status, it has further been posited. Thus, there is prima facie evidence of functional improvement which was sufficient to justify continuation of Mentherm on or around the date in question. Therefore, the request was medically necessary.

Retrospective request for Fexmid (Cyclobenzaprine) 7.5mg x 60 tabs, dispensed 10/24/14: 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 Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant is, in fact, using a variety of other agents, including Mentherm, tramadol, etc. Adding cyclobenzaprine or Flexeril to the mix is not indicated. It is further noted that the 60-tablet supply of cyclobenzaprine (Fexmid) implies chronic, long-term, and/or scheduled usage of the same, i.e., usage which is well in excess of the "short course of therapy" for which cyclobenzaprine is recommended, page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Retrospective request for Ultram (Tramadol) HCL ER 150mg x 60 caps, dispensed 10/24/14: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant has, in fact, returned to full-time work at the [REDACTED] and is apparently maintaining full-time work status, the applicant's attending provider and medical-legal evaluator have reiterated, above. The applicant's pain scores have dropped by 2-3 points with ongoing medication consumption. The applicant's ability to perform activities of daily living, including standing, walking, cooking, cleaning, etc., have all been ameliorated as a result of ongoing medication consumption, including ongoing tramadol usage. Therefore, the request was medically necessary.

Retrospective request for Anaprox - DS (Naproxen Sodium) 550mg x 90, dispensed 10/24/14: Overturned

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 Naproxen Page(s): 73.

Decision rationale: As noted on page 73 of the MTUS Chronic Pain Medical Treatment Guidelines, naproxen, an antiinflammatory medication, is indicated in the treatment of osteoarthritis. Here, the applicant's primary pain generator is, in fact, knee arthritis. The applicant has demonstrated a favorable response to ongoing naproxen usage as evinced by his successful return to and maintenance of regular duty work status with the same and as also evinced by his reports of dropping pain scores by 2-3 points with ongoing medication consumption. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.

Retrospective request for Protonix (Pantoprazole) 20mg x 60 tabs, dispensed 10/24/14: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) GI (Gastrointestina).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, and Cardiovascular Risk Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Protonix are indicated in the treatment of NSAID-induced dyspepsia, as appear to be present here. The applicant has apparently reported symptoms of naproxen-induced dyspepsia, successfully attenuated following introduction of Protonix. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.