

Case Number:	CM14-0187776		
Date Assigned:	11/18/2014	Date of Injury:	08/07/2014
Decision Date:	01/06/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/11/2014

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 Internal Medicine, has a subspecialty in Health Promotion Model and is licensed to practice in Pennsylvania. 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 injured worker is a 37-year-old gentleman with a date of injury of 08/07/2014. The initial visit report dated 10/06/2014 identified the mechanism of injury as falling several feet from a ladder to a concrete floor, resulting in right knee pain and subsequent lower back pain. This record indicated the worker was experiencing lower back pain, right knee pain, right knee weakness and collapse causing several falls, problems walking, and problems sleeping. Documented examination described the worker as walking with a limp, lower back tenderness and mild muscle spasm, decreased motion in the lower back joints, swelling in the right knee joint, tenderness in the knee joint line, and right knee testing that was positive including the grind, anterior drawer, Lachman's, and ballottement tests. The submitted and reviewed documentation concluded the worker was suffering from lower back strain and right knee strain with a joint injury. Treatment recommendations included oral pain medications, physical therapy, activity modification, lower back x-rays, a right knee brace, and follow up care. A Utilization Review decision was rendered on 10/20/2014 recommending non-certification for tramadol-ER and x-rays of the lumbar spine and partial certification for a one-month supply of diclofenac 100mg, twenty tablets of cyclobenzaprine 7.5mg, and a one-month supply of Cartivisc (glucosamine sulfate, chondroitin, and methylsulfonylmethane) 500/200/150mg. An emergency report dated 09/26/2014 was also reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: Diclofenac is in the non-steroidal anti-inflammatory drug (NSAID) class of medications. The MTUS Guidelines support the use of NSAIDs in managing osteoarthritis-related moderate to severe pain. The Guidelines stress the importance of using the lowest dose necessary for the shortest amount of time. They further emphasize that clinicians should weigh the benefits of these medications against the potential negative effects, especially in the setting of gastrointestinal or cardiovascular risk factors. The submitted and reviewed documentation concluded the worker was suffering from a recent lower back strain and right knee strain with a joint injury. The request was made for an indefinite supply of diclofenac with an unspecified dose, which does not account for potential changes in the worker's overall health or treatment needs. For these reasons, the current request for an indefinite supply of diclofenac with an unspecified dose is not medically necessary.

Cyclobenzaprine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298. Decision based on Non-MTUS Citation ODG-TWC

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: Cyclobenzaprine is a medication in the antispasmodic muscle relaxant class. The MTUS Guidelines support the use of muscle relaxants with caution as a second-line option for short-term use in the treatment of a recent flare-up of long-standing lower back pain. Some literature suggests these medications may be effective in decreasing pain and muscle tension and in increasing mobility, although efficacy decreases over time. In most situations, however, using these medications does not add additional benefit over the use of non-steroidal anti-inflammatory drugs (NSAIDs), nor do they add additional benefit in combination with NSAIDs. Negative side effects, such as sedation, can interfere with the worker's function, and prolonged use can lead to dependence. The submitted and reviewed documentation concluded the worker was suffering from a recent lower back strain and right knee strain with a joint injury. The request was made for an indefinite supply of cyclobenzaprine with an unspecified dose, which does not account for potential changes in the worker's overall health or treatment needs. For these reasons, the current request for an indefinite supply of cyclobenzaprine with an unspecified dose is not medically necessary.

Tramadol ER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298. Decision based on Non-MTUS Citation ODG-TWC

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: Tramadol-ER is a medication in the opioid class. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The submitted and reviewed documentation concluded the worker was suffering from a recent lower back strain and right knee strain with a joint injury. The request was made for an indefinite supply of tramadol-ER with an unspecified dose, which does not account for potential changes in the worker's overall health or treatment needs. For these reasons, the current request for an indefinite supply of tramadol-ER with an unspecified dose is not medically necessary.

Cartivisc: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. Decision based on Non-MTUS Citation ODG-TWC

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

Decision rationale: The MTUS Guidelines suggest the option of glucosamine for moderate arthritis pain management, especially knee pain due to osteoarthritis. The literature has shown the combination may be effective in a subgroup of people with moderate to severe knee pain, although these studies were limited and of poor quality. The submitted and reviewed documentation concluded the worker was suffering from a recent lower back strain and right knee strain with a joint injury. The request was made for an indefinite supply of Cartivisc (glucosamine sulfate, chondroitin, and methylsulfonylmethane) 500/200/150mg, which does not account for potential changes in the worker's overall health or treatment needs. For these reasons, the current request for an indefinite supply of Cartivisc (glucosamine sulfate, chondroitin, and methylsulfonylmethane) 500/200/150mg is not medically necessary.

X-ray of the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation ODG-TWC

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-366.

Decision rationale: The MTUS Guidelines support the use of x-rays of the lower back when evaluation shows "red flag for a potential broken bone, cancer, or infection, especially when the red flag(s) remains after a month of treatment. Red flags for a potential broken bone include findings such as a history of major trauma (such as falling from a height or a vehicle accident); minor trauma involving someone at higher risk for low bone density, or examination shows tenderness over a specific spine bone. The worker's mechanism of injury involved having fallen from a ladder several feet to a concrete floor, resulting in right knee pain and subsequent lower back pain. Examination showed both lower back tenderness and spasm among other findings. While the submitted documentation did not clearly report exactly when the worker's lower back pain began, the potential complications of delayed diagnosis of a broken spine bone outweighs this minor detail, especially in the presence of findings on examination. In light of this supportive evidence, the current request for x-rays of the lumbar spine is medically necessary.