

Case Number:	CM15-0003430		
Date Assigned:	01/14/2015	Date of Injury:	07/29/2013
Decision Date:	04/08/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/07/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

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 male patient, who sustained an industrial injury on 07/29/2013. A primary treating office visit dated 12/22/2014 reported subjective complaint of right knee pain. Objective findings showed tenderness of the right knee; greatest at the medial aspect. A moderately positive McMurray's right knee and crepitus with motion. He is diagnosed with probable right knee medial meniscus tear, degenerative of the medial femoral condyle. He is to continue with therapy to facilitate maintenance of activities of daily living and conditioning; continue with transcutaneous electronic nerve conduction unit. A request was made for medications tramadol 150 mg #60 times 2 refills; naproxen sodium 550 mg #90, pantoprazole 20 mg #90, cyclobenzaprine 7.5 mg #90, tramadol ER 150 mg #60, and hydrocodone 10/25 #60. On 01/02/2015, Utilization Review, non-certified the request, noting the CA MTUS Chronic Pain Medical Treatment Guidelines. The injured worker submitted an application for independent medical review of requested services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Tramadol ER 150mg, #60 with 2 Refills (DOS: 10/20/2014): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-84.

Decision rationale: The injured worker (IW) has a probable right knee medial meniscus tear, degenerative of the medial femoral condyle. The cited MTUS guidelines recommend short acting opioids, such as tramadol, for the control of chronic pain, and may be used for osteoarthritis pain that has not responded to first-line medications, such as NSAIDs or acetaminophen. Studies have shown that tramadol specifically decreased pain and symptoms for up to three months, but there is no recommendation for treatment beyond three months with osteoarthritic symptoms. In the case of nociceptive pain, opioids are the standard of care for moderate to severe pain. The MTUS also states there should be documentation of the 4 A's, which includes analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. Recent IW records have included documentation of first-line medication use, pain with and without medication, no significant adverse effects, pain contract on file, past urine drug testing positive for non-prescribed substances, and subjective functional improvement. Of primary importance is an appropriate time frame for follow-up to reassess the 4 A's, which could include monthly intervals. The treating physician's note from 1/12/2015 indicated that the IW has had improved functioning and decreased pain on medications, which is an indication that opioids may be continued. Based on possible corrective surgical intervention, recommend more frequent reassessment, and begin weaning/tapering as mandated by the guidelines. The request for tramadol ER 150 mg #60 with 2 refills is medically necessary.

Retrospective Naproxen Sodium 550mg, #90 (DOS: 10/20/2014): 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 NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: NSAIDs (non-steroidal anti-inflammatory drugs) are recommended for the treatment of osteoarthritis at the lowest dose possible in the shortest period for injured workers (IWs) with moderate to severe pain. According to the recent treating physician notes, the IW has had improved function, decreased pain, and has been able to maintain activities of daily living. Therefore, the request for naproxen sodium 550 mg #90 is medically necessary.

Retrospective Pantoprazole 20mg, #90 (DOS: 10/20/2014): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: According to the cited MTUS guidelines, a proton pump inhibitor (PPI), such as pantoprazole 20 mg, would be indicated in those started on a NSAID with an intermediate risk for gastrointestinal (GI) events and no cardiovascular disease. According to the most recent treating physician note, the injured worker is on NSAIDs and he had history of GI upset on NSAIDs without PPI, thereby meeting criteria for being at risk for an intermediate GI event. Therefore, the request for pantoprazole 20mg #90 is medically necessary.

Retrospective Cyclobenzaprine 7.5mg, #90 (DOS: 10/20/2014): Overturned

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 (Flexeril, Amrix, Fexmid, generic available) Page(s): 64.

Decision rationale: Per the cited MTUS guideline, cyclobenzaprine is recommended only for a short course of treatment and is not recommended for chronic use. In general, the medication is not recommended for use beyond two to three weeks per treatment period. Recent treating physician notes state the injured worker has had significant reduction of muscle spasm, greater activity and exercise levels, and increased range of motion when used as directed. Therefore, the request for cyclobenzaprine 7.5 mg #90 is medically necessary.

Retrospective Tramadol ER 150mg, #60 (DOS: 11/10/2014): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-84.

Decision rationale: The injured worker (IW) has a probable right knee medial meniscus tear, degenerative of the medial femoral condyle. The cited MTUS guidelines recommend short acting opioids, such as tramadol, for the control of chronic pain, and may be used for osteoarthritis pain that has not responded to first-line medications, such as NSAIDs or acetaminophen. Studies have shown that tramadol specifically decreased pain and symptoms for up to three months, but there is no recommendation for treatment beyond three months with osteoarthritic symptoms. In the case of nociceptive pain, opioids are the standard of care for moderate to severe pain. The MTUS also states there should be documentation of the 4 A's, which includes analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. Recent IW records have included documentation of first-line medication use, pain with and without medication, no significant adverse effects, pain contract on file, past urine drug testing positive for non-prescribed substances, and subjective functional improvement. Of primary importance is an appropriate time frame for follow-up to reassess the 4 A's, which could include monthly intervals. The treating physician's note from 1/12/2015 indicated that the IW has had improved functioning and decreased pain on medications, which is an indication that opioids may be

continued. Based on possible corrective surgical intervention, recommend more frequent reassessment, and begin weaning/tapering as mandated by the guidelines. The request for tramadol ER 150 mg #60 is medically necessary.

Retrospective Hydrocodone/APAP 10/325mg, #60 (DOS: 10/20/2014): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-84.

Decision rationale: The injured worker (IW) has a probable right knee medial meniscus tear, degenerative of the medial femoral condyle. The cited MTUS guidelines recommend short acting opioids, such as hydrocodone, for the control of chronic pain, and may be used for osteoarthritis pain that has not responded to first-line medications, such as NSAIDs or acetaminophen. In the case of nociceptive pain, opioids are the standard of care for moderate to severe pain. The MTUS also states there should be documentation of the 4 A's, which includes analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. Recent IW records have included documentation of first-line medication use, pain with and without medication, no significant adverse effects, pain contract on file, past urine drug testing positive for non-prescribed substances, and subjective functional improvement. Of primary importance is an appropriate time frame for follow-up to reassess the 4 A's, which could include monthly intervals. The treating physician's note from 1/12/2015, indicated that the IW has had improved functioning and decreased pain on medications for breakthrough pain, which is an indication that opioids may be continued. Based on possible corrective surgical intervention, recommend reassessment more frequently, and begin weaning/tapering as mandated by the guidelines. The request for hydrocodone 10/25 # 60 is medically necessary.

Retrospective Naproxen Sodium 550mg, #90 (DOS: 11/10/2014): 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 NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: NSAIDs (non-steroidal anti-inflammatory drugs) are recommended for the treatment of osteoarthritis at the lowest dose possible in the shortest period for injured workers (IWs) with moderate to severe pain. According to the recent treating physician notes, the IW has had improved function, decreased pain, and has been able to maintain activities of daily living. Therefore, the request for naproxen sodium 550 mg #90 is medically necessary.

Retrospective Naproxen Sodium 550mg, #90 (DOS: 12/01/2014): 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 NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: NSAIDs (non-steroidal anti-inflammatory drugs) are recommended for the treatment of osteoarthritis at the lowest dose possible in the shortest period for injured workers (IWs) with moderate to severe pain. According to the recent treating physician notes, the IW has had improved function, decreased pain, and has been able to maintain activities of daily living. Therefore, the request for naproxen sodium 550 mg #90 is medically necessary.

Retrospective Tramadol ER 150mg, #60 (DOS: 12/01/2014): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-84.

Decision rationale: The injured worker (IW) has a probable right knee medial meniscus tear, degenerative of the medial femoral condyle. The cited MTUS guidelines recommend short acting opioids, such as tramadol, for the control of chronic pain, and may be used for osteoarthritis pain that has not responded to first-line medications, such as NSAIDs or acetaminophen. Studies have shown that tramadol specifically decreased pain and symptoms for up to three months, but there is no recommendation for treatment beyond three months with osteoarthritic symptoms. In the case of nociceptive pain, opioids are the standard of care for moderate to severe pain. The MTUS also states there should be documentation of the 4 A's, which includes analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. Recent IW records have included documentation of first-line medication use, pain with and without medication, no significant adverse effects, pain contract on file, past urine drug testing positive for non-prescribed substances, and subjective functional improvement. Of primary importance is an appropriate time frame for follow-up to reassess the 4 A's, which could include monthly intervals. The treating physician's note from 1/12/2015 indicated that the IW has had improved functioning and decreased pain on medications, which is an indication that opioids may be continued. Based on possible corrective surgical intervention, recommend more frequent reassessment, and begin weaning/tapering as mandated by the guidelines. The request for tramadol ER 150 mg #60 is medically necessary.

Retrospective Pantoprazole 20mg, #90 (DOS: 11/10/2014): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: According to the cited MTUS guidelines, a proton pump inhibitor (PPI), such as pantoprazole 20 mg, would be indicated in those started on a NSAID with an intermediate risk for gastrointestinal (GI) events and no cardiovascular disease. According to the most recent treating physician note, the injured worker is on NSAIDs and he had history of GI upset on NSAIDs without PPI, thereby meeting criteria for being at risk for an intermediate GI event. Therefore, the request for pantoprazole 20mg #90 is medically necessary.

Retrospective Pantoprazole 20mg, #90 (DOS: 12/01/2014): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI Symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: According to the cited MTUS guidelines, a proton pump inhibitor (PPI), such as pantoprazole 20 mg, would be indicated in those started on a NSAID with an intermediate risk for gastrointestinal (GI) events and no cardiovascular disease. According to the most recent treating physician note, the injured worker is on NSAIDs and he had history of GI upset on NSAIDs without PPI, thereby meeting criteria for being at risk for an intermediate GI event. Therefore, the request for pantoprazole 20mg #90 is medically necessary.

Retrospective Cyclobenzaprine 7.5mg, #90 (DOS: 11/10/2014): Overturned

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 (Flexeril, Amrix, Fexmid, generic available) Page(s): 64.

Decision rationale: Per the cited MTUS guideline, cyclobenzaprine is recommended only for a short course of treatment and is not recommended for chronic use. In general, the medication is not recommended for use beyond two to three weeks per treatment period. Recent treating physician notes state the injured worker has had significant reduction of muscle spasm, greater activity and exercise levels, and increased range of motion when used as directed. Therefore, the request for cyclobenzaprine 7.5 mg #90 is medically necessary.

Retrospective Cyclobenzaprine 7.5mg, #90 (DOS: 12/01/2014): Overturned

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Retrospective Hydrocodone/APAP 10/325mg, #60 (DOS: 12/01/2014): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-84.

Decision rationale: The injured worker (IW) has a probable right knee medial meniscus tear, degenerative of the medial femoral condyle. The cited MTUS guidelines recommend short acting opioids, such as hydrocodone, for the control of chronic pain, and may be used for osteoarthritis pain that has not responded to first-line medications, such as NSAIDs or acetaminophen. In the case of nociceptive pain, opioids are the standard of care for moderate to severe pain. The MTUS also states there should be documentation of the 4 A's, which includes analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. Recent IW records have included documentation of first-line medication use, pain with and without medication, no significant adverse effects, pain contract on file, past urine drug testing positive for non-prescribed substances, and subjective functional improvement. Of primary importance is an appropriate time frame for follow-up to reassess the 4 A's, which could include monthly intervals. The treating physician's note from 1/12/2015, indicated that the IW has had improved functioning and decreased pain on medications for breakthrough pain, which is an indication that opioids may be continued. Based on possible corrective surgical intervention, recommend reassessment more frequently, and begin weaning/tapering as mandated by the guidelines. The request for hydrocodone 10/25 # 60 is medically necessary.