

Case Number:	CM15-0004509		
Date Assigned:	01/15/2015	Date of Injury:	11/18/2010
Decision Date:	03/25/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/08/2015

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: Texas, California
 Certification(s)/Specialty: 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 77-year-old female, who sustained an industrial injury on 11/18/2010. She reports left knee pain. Diagnoses include status post left knee arthroscopy, left knee medial meniscus tear and left lumbar radiculopathy. Treatments to date include physical therapy, TENS (transcutaneous electrical nerve stimulation) and lumbar support. There was no recent magnetic resonance imaging submitted for review. A progress note from the treating provider dated 11/5/2014 indicates the injured worker reported low back pain and left lower extremity pain at 7/10. Physical examination of the low back revealed limited range of motion, tenderness on palpation and brisk gait. Physical examination of the left knee revealed 0-90° ROM. The medication list include Naproxen, tramadol, Cyclobenzaprine and Pantaprazole. The patient sustained the injury due to cumulative trauma. The patient's surgical history includes left knee arthroscopy in 8/2013. She has had MRI of the left knee on 12/14/11 that revealed tear of the medial meniscus.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Naproxen 550mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen (Naprosyn), NSAIDs, GI Symptoms & Cardiovascular Risk Pag.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: Request: Retrospective Naproxen 550mg #90 Naproxen belongs to a group of drugs called nonsteroidal anti-inflammatory drugs (NSAIDs). According to CA MTUS, Chronic pain medical treatment guidelines, Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. (Van Tulder-Cochrane, 2000). Patient is having chronic pain and is taking Naproxen for this injury. She reports left knee pain. Diagnoses include status post left knee arthroscopy, left knee medial meniscus tear and left lumbar radiculopathy. A progress note from the treating provider dated 11/5/2014 indicates the injured worker reported low back pain and left lower extremity pain at 7/10. Physical examination of the low back revealed limited range of motion, tenderness on palpation and brisk gait. Physical examination of the left knee revealed 0-90° ROM. The patient's surgical history includes left knee arthroscopy in 8/2013. She has had MRI of the left knee on 12/14/11 that revealed tear of the medial meniscus. NSAIDs like naproxen are first line treatments to reduce pain. Retrospective Naproxen 550mg #90 use is deemed medically appropriate and necessary in this patient.

Retrospective Cyclobenzaprine 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): Page 41-42.

Decision rationale: Request: Retrospective Cyclobenzaprine 7.5mg #90 Cyclobenzaprine is a muscle relaxant. Regarding the use of skeletal muscle, relaxant CA MTUS guidelines cited below state recommend non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic LBP show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Cyclobenzaprine is recommended for a short course of treatment for back pain. Patient had sustained a chronic injury and any evidence of acute exacerbations in pain and muscle spasm was not specified in the records provided. Furthermore as per cited guideline skeletal muscle relaxants do not show benefit beyond NSAIDs in pain and overall improvement. Therefore, it is deemed that, this patient does not meet criteria for ongoing continued use of Retrospective Cyclobenzaprine 7.5mg #90. The medical necessity of Retrospective Cyclobenzaprine 7.5mg #90 is not established for this patient.

Retrospective Tramadol 150mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, Tramadol (Ultram), Weaning of Medicatio.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines MTUS (Effective July 18, 2009), Page 75Central actin.

Decision rationale: Request: Retrospective Tramadol 150mg #60Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003) Cited guidelines also state that, a recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain. Tramadol use is recommended for treatment of episodic exacerbations of severe pain. She reports left knee pain. Diagnoses include status post left knee arthroscopy, left knee medial meniscus tear and left lumbar radiculopathy. A progress note from the treating provider dated 11/5/2014 indicates the injured worker reported low back pain and left lower extremity pain at 7/10. Physical examination of the low back revealed limited range of motion, tenderness on palpation and brisk gait. Physical examination of the left knee revealed 0-90? ROM. The patient's surgical history includes left knee arthroscopy in 8/2013. She has had MRI of the left knee on 12/14/11 that revealed tear of the medial meniscus. Patient is already taking a NSAID. The patient is not taking any potent narcotics and there is no evidence of any medication abuse. The patient has chronic pain and the patient's medical condition can have intermittent exacerbations. Having tramadol available for use during sudden unexpected exacerbations of pain is medically appropriate and necessary. This request for Retrospective Tramadol 150mg #60 is deemed as medically appropriate and necessary.