

Case Number:	CM15-0109919		
Date Assigned:	06/16/2015	Date of Injury:	07/18/2013
Decision Date:	09/01/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/08/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55 year old female, who sustained an industrial injury on 07/18/2013. She has reported subsequent right knee and low back pain and was diagnosed with persistent right knee internal derangement, status post right knee partial medial meniscectomy and lateral meniscectomy and right lumbar radiculopathy. Treatment to date has included medication, application of heat and cold, TENS unit, physical therapy, a home exercise program and surgery. In a progress note dated 04/16/2015, the injured worker complained of right knee pain rated as 7/10 and low back pain rated as 6/10. Objective findings were notable for tenderness of the right knee, range of motion of 0-100 degrees and a brisk gait. The injured worker noted that medication enabled greater function and activity level and reported a significant decrease in pain with medication. Tramadol was noted to result in four to five point average diminution in pain on a scale of 10 with greater range of motion and improved exercise tolerance. The injured worker recalled a history of GI upset during trial phases without a proton pump inhibitor and had no GI upset with Pantoprazole at three times a day dosing. Naproxen was noted to facilitate a three point additional decrease in pain and objective improvement. A request for authorization of Tramadol extended release, Naproxen, Pantoprazole and Cyclobenzaprine was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol extended release 150 mg #160: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89, 113.

Decision rationale: Based on the 04/16/15 progress report provided by treating physician, the patient presents with right knee pain rated 6/10 and low back pain rated 5/10. The patient is status post right knee surgery December 2014. The request is for TRAMADOL EXTENDED RELEASE 150 MG #160. RFA with the request not provided. Patient's diagnosis on 04/16/15 includes status post right knee arthroscopy and right lumbar radiculopathy. Physical examination on 04/16/15 revealed tenderness to the right knee, range of motion 0-100 degrees and a brisk gait. Treatment to date has included surgery, application of heat and cold, TENS unit, physical therapy, home exercise program, and medications. Patient's medications include Tramadol, Naproxen, Pantoprazole and Cyclobenzaprine. The patient is temporarily partially disabled, per 04/16/15 report. Treatment reports were provided from 11/08/14 - 04/16/15. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p 77 states, "function should include social, physical, psycho-logical, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. Tramadol has been included in patient's medications, per progress reports dated 11/08/14, 01/03/15, and 04/16/15. It is not known when this medication has been initiated. Per 04/16/15 report, treater states "Medication at current dosing facilitates maintenance of ADL's...including light household duties, shopping for groceries, grooming, and cooking. Recalls times that without medication ADL's were in jeopardy...Recalls frequent inability to adhere to recommended exercise regime without medication on board due to pain, now maintained with medication... Tramadol ER... does result in approximate five point diminution in pain depending on level of activity. Prior to Tramadol ER on board, recalls consumption of IR drug greater than 5 per day, now discontinued with tramadol ER on board...Screened patient for aberrant and nonadherent drug-related behavior including misuse, diversion, substance abuse...Screened patient for presence of or development of dependence, addiction, tolerance, opiate induced hyperalgesia. Urine drug screen today to remain in compliance with Guidelines...'high risk' once per month testing." In this case, the 4A's have been addressed, adequate documentation has been provided including numeric scales and functional measures that show significant improvement. The request appears reasonable and in accordance with guidelines. Therefore, this request IS medically necessary.

Naproxen 550 mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60.

Decision rationale: Based on the 04/16/15 progress report provided by treating physician, the patient presents with right knee pain rated 6/10 and low back pain rated 5/10. The patient is status post right knee surgery December 2014. The request is for NAPROXEN 550 MG #90. RFA with the request not provided. Patient's diagnosis on 04/16/15 includes status post right knee arthroscopy and right lumbar radiculopathy. Physical examination on 04/16/15 revealed tenderness to the right knee, range of motion 0-100 degrees and a brisk gait. Treatment to date has included surgery, application of heat and cold, TENS unit, physical therapy, home exercise program, and medications. Patient's medications include Tramadol, Naproxen, Pantoprazole and Cyclobenzaprine. The patient is temporarily partially disabled, per 04/16/15 report. Treatment reports were provided from 11/08/14 - 04/16/15. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 regarding Anti-inflammatory medications states: "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. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." MTUS p 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Naproxen has been included in patient's medications, per progress reports dated 11/08/14, 01/03/15, and 04/16/15. It is not known when this medication has been initiated. Per 04/16/15 report, treater states "Medication at current dosing facilitates maintenance of ADL's...including light household duties, shopping for groceries, grooming, and cooking. Recalls times that without medication ADL's were in jeopardy...Recalls frequent inability to adhere to recommended exercise regime without medication on board due to pain, now maintained with medication... NSAID does facilitate improved range of motion and additional 2 point average on a scale of 10 diminution." Given patient's continued pain and documentation of functional improvement, the request for Naproxen appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.

Pantoprazole 20 mg #90: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Based on the 04/16/15 progress report provided by treating physician, the patient presents with right knee pain rated 6/10 and low back pain rated 5/10. The patient is

status post right knee surgery December 2014. The request is for PANTOPRAZOLE 20 MG #90. RFA with the request not provided. Patient's diagnosis on 04/16/15 includes status post right knee arthroscopy and right lumbar radiculopathy. Physical examination on 04/16/15 revealed tenderness to the right knee, range of motion 0-100 degrees and a brisk gait. Treatment to date has included surgery, application of heat and cold, TENS unit, physical therapy, home exercise program, and medications. Patient's medications include Tramadol, Naproxen, Pantoprazole and Cyclobenzaprine. The patient is temporarily partially disabled, per 04/16/15 report. Treatment reports were provided from 11/08/14 - 04/16/15. MTUS pg 69, NSAIDs, GI symptoms & cardiovascular risk Section states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Pantoprazole and Naproxen have been included in patient's medications, per progress reports dated 11/08/14, 01/03/15, and 04/16/15. It is not known when this medication has been initiated. Per 04/16/15 report, treater states "Medication at current dosing facilitates maintenance of ADL's...including light household duties, shopping for groceries, grooming, and cooking. Recalls times that without medication ADL's were in jeopardy...Recalls frequent inability to adhere to recommended exercise regime without medication on board due to pain, now maintained with medication... recalls history of GI upset with NSAID with no PPI, PPI at qd and bid dosing, however denies GI upset with PPI at current dose, tid." MTUS allows for prophylactic use of PPI along with oral NSAIDs when appropriate GI risk is present. Treater has documented patient's GI risk assessment and benefit from medication. The request to continue Pantoprazole appears reasonable. Therefore, the request IS medically necessary.

Cyclobenzaprine 7.5 mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Based on the 04/16/15 progress report provided by treating physician, the patient presents with right knee pain rated 6/10 and low back pain rated 5/10. The patient is status post right knee surgery December 2014. The request is for CYCLOBENZAPRINE 7.5 MG #90. RFA with the request not provided. Patient's diagnosis on 04/16/15 includes status post right knee arthroscopy and right lumbar radiculopathy. Physical examination on 04/16/15 revealed tenderness to the right knee, range of motion 0-100 degrees and a brisk gait. Treatment to date has included surgery, application of heat and cold, TENS unit, physical therapy, home exercise program, and medications. Patient's medications include Tramadol, Naproxen, Pantoprazole and Cyclobenzaprine. The patient is temporarily partially disabled, per 04/16/15 report. Treatment reports were provided from 11/08/14 - 04/16/15. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP.

The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." Cyclobenzaprine has been included in patient's medications, per progress reports dated 11/08/14, 01/03/15, and 04/16/15. It is not known when this medication has been initiated. Per 04/16/15 report, treater states "Medication at current dosing facilitates maintenance of ADL's...including light household duties, shopping for groceries, grooming, and cooking. Recalls times that without medication ADL's were in jeopardy...Recalls frequent inability to adhere to recommended exercise regime without medication on board due to pain, now maintained with medication... Recalls refractory spasm prior to cyclobenzaprine on board at current dosing. Spasm was refractory to activity modification, stretching, heat, physical therapy, home exercise. Cyclobenzaprine decreases spasm, for approximately 4-6 hours, facilitating improvement in range of motion, tolerance to exercise, and additional decrease in overall pain level 2-3 points average on scale to 10." However, MTUS recommends Cyclobenzaprine, only for a short period (no more than 2-3 weeks). The patient has been prescribed Flexeril at least since 11/08/14, which is more than 5 months from UR date of 05/26/15. This request is not in accordance with guideline recommendations. Therefore, the request IS NOT medically necessary.