MAXIMUS Federal Services

Case Number:	CM15-0132558		
Date Assigned:	07/20/2015	Date of Injury:	04/22/2014
Decision Date:	08/26/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/09/2015

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, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 32-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of April 22, 2014. In a Utilization Review report dated June 30, 2015, the claims administrator failed to approve requests for tramadol, Naprosyn, Protonix, and Flexeril. A May 15, 2015 order form was referenced in the determination. The applicant's attorney subsequently appealed. On February 11, 2015, the applicant reported ongoing complaints of knee pain, 5/10, status post earlier knee surgery in October 2014. The applicant was asked to continue and/or was given refills of tramadol, Naprosyn, Protonix, and Flexeril. Work restrictions were endorsed. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case. The attending provider stated that the applicant's medications were beneficial but did not elaborate further. Twelve sessions of physical therapy were sought. On February 11, 2015, the attending provider posited that the applicant's medications were ameliorating the applicant's ability to perform activities of daily living such as grocery shopping and cooking. Once again, the applicant's work status was not explicitly stated, although the applicant did not appear to working on limitations in place. In a medical-legal evaluation dated April 14, 2015, the medical-legal evaluator acknowledged that the applicant was not working and was, in fact, receiving Workers Compensation indemnity benefits. On May 15, 2015, the applicant reported 6/10 knee pain. The attending provider again stated that the applicant's medications were beneficial in terms of reducing the applicant's pain complaints and ameliorating the applicant's ability to shop for groceries, performing grooming, self-care, and cooking. Tramadol, Naprosyn, Flexeril, and

Protonix were all prescribed. Work restrictions were again endorsed, unchanged from preceding visits. The attending provider seemingly stated that Protonix was being employed for cytoprotective effect as opposed to for actual symptoms of reflux.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg, #60 per 5/15/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76 and 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for tramadol, a synthetic opioid, was not medically necessary, medically appropriate, or indicated here. 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, however, the applicant was off of work, a medical-legal evaluator acknowledged on April 14, 2015. While the attending provider did recount some reported reduction in pain scores effected as a result of ongoing medication consumption on May 15, 2015, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline meaningful, material, and/or substantive improvement in function effected as a result of ongoing tramadol usage (if any). The attending provider's comment to the effect that the applicant's ability to perform activities of self-care, grooming, and cooking as a result of ongoing medication consumption did not constitute evidence of a meaningful, material, or substantive improvement in function achieved as a result of ongoing tramadol usage. Therefore, the request was not medically necessary.

Naproxen 550mg, #90 per 5/15/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, NSAIDs Page(s): 22; 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications; Functional Restoration Approach to Chronic Pain Management Page(s): 22; 7.

Decision rationale: Similarly, the request for Naprosyn, an anti-inflammatory medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Naprosyn do represent the traditional first line of treatment for various chronic pain conditions, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of 'efficacy of medication' into its choice of

recommendations. Here, however, it did not appear that ongoing usage of Naprosyn had proven particularly beneficial. The applicant remained off of work, it was acknowledged on April 14, 2015. Ongoing usage of Naprosyn failed to curtail the applicant's dependence on opioid agents such as tramadol. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing Naprosyn usage. Therefore, the request was not medically necessary.

Pantoprazole 20mg, #90 per 5/15/15 order: Upheld

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

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

Decision rationale: Similarly, the request for pantoprozole (Protonix), a proton-pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. The attending provider indicated that Protonix is being employed for cytoprotective effect as opposed to actual symptoms of reflux. However, the applicant seemingly failed to meet criteria set forth on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines for prophylactic usage of proton pump inhibitors namely, the applicant was less than 65 years of age (age 32), was only using one NSAID, Naprosyn, was not using NSAIDs in conjunction with corticosteroids and had no known history of prior GI bleeding or peptic ulcer disease. Therefore, the request was not medically necessary.

Cyclobenzaprine 7.5mg, #90 per 5/15/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 76-77.

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

Decision rationale: Finally, the request for Cyclobenzaprine (Flexeril) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 41 of MTUS Chronic Pain Medical Treatment Guidelines, the addition of Cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was, in fact, using a variety of other agents, including tramadol and Naprosyn. Adding Cyclobenzaprine or Flexeril to the mix was not recommended. It is further noted that the 90-tablet supply of Cyclobenzaprine at issue, in and of itself, represents treatment in excess of the "short course of therapy" for which Cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.