

Case Number:	CM15-0183707		
Date Assigned:	09/24/2015	Date of Injury:	06/12/2013
Decision Date:	11/19/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/18/2015

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, Pain Management

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 June 12, 2013. The injured worker was diagnosed as having status post right total knee replacement performed on May 29, 2015, end stage osteoarthropathy of the right knee, and right shoulder impingement. Treatment and diagnostic studies to date has included electromyogram with nerve conduction study to the lower extremities, physical therapy, medication regimen, ultrasound of the bilateral knees, and above noted procedure. In a progress note dated July 23, 2015 the treating physician reports complaints of compensatory pain to the left knee and right knee pain. On July 23, 2015, the injured worker's pain level was rated a 7 out of 10 to the right knee. Examination performed on August 13, 2015 was revealing for tenderness to the right knee, decreased range of motion, crepitation with range of motion, and tenderness to the medial and lateral joint line, along with noting an "unchanged" right shoulder examination. On August 13, 2015, the injured worker's medication regimen included Tramadol ER, Naproxen, Pantoprazole, and Cyclobenzaprine since at least January 08, 2015. The progress notes from July 23, 2015 and August 13, 2015 noted that the injured worker's medication regimen allows the injured worker to perform activities of daily living such as household chores, shopping, grooming, and cooking. In a progress note from August 13, 2015, the treating physician reported complaints of right knee pain that was rated 9 out of 10. On August 13, 2015 the treating physician noted that the use of the medications of Tramadol ER decreases the injured worker's pain level 4 to 5 points out of 10 with an increase in range of motion and an increase in tolerance to the her exercise program; the use of non-steroidal anti-inflammatory (Naproxen) decreases the pain by 3 points with an "improvement" in range of

motion but also noted gastrointestinal upset with this type of medication that was relieved with the use of a proton pump inhibitor medication (Protonix); and also noted that the medication of Cyclobenzaprine decreases the injured worker's spasms, causes an "improvement in range of motion and tolerance to exercise", and decreases the injured worker's pain level by 3 to 4 points out of 10. On August 13, 2015, the treating physician requested the medications of Tramadol 150mg with a quantity of 60, Naproxen 550mg with a quantity of 90, and Pantoprazole 20mg with a quantity of 90 noting current use of these medications as noted above. On September 10, 2015 the Utilization Review partially certified the requests for Tramadol 150mg with a quantity of 60, Naproxen 550mg with a quantity of 90, and Pantoprazole 20mg with a quantity of 90 for the date of service of August 13, 2015. On September 10, 2015, the Utilization Review determined the request for Cyclobenzaprine 7.5mg with a quantity of 90 with the date of service of August 13, 2015 to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Tramadol 150mg #60 DOS 8/13/15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list.

Decision rationale: Tramadol is a centrally acting mu opioid agonist. As such, it is a controlled substance and its chronic use follows that of opioids. With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did adequately document monitoring of the four domains. Improvement in function and pain reduction were noted in a progress note dated 7/23/15 and another dated 8/13/15. The medications collectively decrease the pain score and tramadol represents a 5-point decrease per the provider. The patient has no reported aberrant behaviors. The results of a recent urine drug test was no included, but this by itself is not sufficient to deny this medication. No adverse side effects were noted. This request is medically appropriate.

Retrospective Naproxen 550mg #90 DOS 8/13/15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Naproxen is a non-steroidal anti-inflammatory drug (NSAID). The Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. For chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. In general, the guidelines state that 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. In the submitted medical records, the treating physician does documented pain relief with medication use. The injured worker is noted to benefit both functional and from a pain perspective, according to a progress report dated 8/13/2015. The only side effect is GI upset, which is abated through PPI use. Therefore, based on the guidelines and the documentation, the current request is medically necessary.

Retrospective Pantoprazole 20mg #90 DOS 8/13/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, PPI.

Decision rationale: Regarding the request for pantoprazole (Protonix), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Additionally, ODG recommends Nexium, Protonix, Dexilant, and Aciphex for use as 2nd line agents, after failure of omeprazole or lansoprazole. Within the documentation available for review, there is documentation of GI upset secondary to NSAID use. There is documentation of failure of a 1st line agent in omeprazole. However, the dosing schedule is not appropriate per FDA guidelines. The dose for prophylaxis of gastric ulcers is once daily. Although there is documentation of failure with daily and BID dosing, the TID dosing is not recommended. Even in cases of GERD with erosive esophagitis, the dosage recommended is 40mg daily. PPI's are not benign without their risks such as increased incidence of hip fractures. Given this, this request is not medically necessary.

Retrospective Cyclobenzaprine 7.5mg #90 DOS 8/13/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Regarding the request for cyclobenzaprine, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is identification of a specific analgesic benefit and functional improvement as a result of the cyclobenzaprine. However, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. This medication has been prescribed since at least 3/19/15 per the submitted documents. Given this, the current request is not medically necessary.