

<b>Case Number:</b>	CM15-0021894		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	11/24/2013
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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: Arizona, Texas  
 Certification(s)/Specialty: Internal 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 injured worker is a 37 year old male, who sustained an industrial injury on November 24, 2013. He reported neck, low back, knees, ankles, and right hip pain. The injured worker was diagnosed as having a tear of the medial cartilage or meniscus, remote anterior cruciate ligament tear, osteoarthritis of the knee, and chondromalacia of the right knee; displacement of the cervical and lumbar intervertebral disc without myelopathy, spinal stenosis in the cervical region, cervical and lumbosacral spondylosis without myelopathy, and degeneration of cervical disc. Treatment to date has included x-rays, MRI, activity modifications, physical therapy, ice, right knee elastic support sleeve, and pain, muscle relaxant, and proton pump inhibitor medications. On December 9, 2014, the injured worker complains of neck pain with left upper extremity radicular symptoms; low back pain with bilateral lower extremities radicular symptoms, and bilateral knee pain. The physical exam revealed cervical-thoracic spine bilateral paravertebral muscles with hypertonicity/spasm, tenderness to palpation bilateral trapezius- left greater than right, positive left upper extremity radiculopathy, positive compression of cervical 6, restricted range of motion without change, and decreased sensory left cervical 6. There was tenderness to palpation of the lumbar spine paravertebral muscles with hypertonicity/spasm, increased low back pain with bilateral straight leg raise, limited range of motion without change, and no sensory deficit. The right has diffuse swelling/warmth, tenderness to palpation, no laxity, and limited range of motion without change. The treatment plan includes refills of his current pain, muscle relaxant, and proton pump inhibitor medications and a surgical consultation for the right knee.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Ultram ER 150mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 74-96.

**Decision rationale:** Management of patients using opioids for chronic pain control includes ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The indication for continuing these medications include if the patient has returned to work or if the patient has improved functioning and pain. Tramadol is a synthetic opioid affecting the central nervous system. Its use may increase the risk of seizure especially in patients taking SSRIs, TCAs and other opioids. Tramadol may produce life-threatening serotonin syndrome, in particular when used concomitantly with SSRIs, SNRIs, TCAs and MAOIs, and triptans or other drugs that may impair serotonin metabolism. Tramadol is indicated for moderate to severe pain. In this case the documentation doesn't show that the patient has had good pain control or functional improvement while taking this medication. The continued use of tramadol is not medically necessary &#8195;

### **Prilosec 20mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 68-69.

**Decision rationale:** There is no documentation that the patient has had any gastrointestinal symptoms from the use of NSAIDs or that they have any risk factors for gastrointestinal events. According to the MTUS the use of a proton pump inhibitor is appropriate when the injured worker is taking an NSAID and has high risk factors for adverse gastrointestinal events which include age >65, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids or an anticoagulant of high dose NSAID. The patient does not have any symptoms that would suggest gastritis and there is no documentation that he has any risk factors for adverse gastrointestinal events. The use of a proton pump inhibitor, omeprazole is not medically necessary.

### **Norflex 100mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 64-66.

**Decision rationale:** According to the MTUS section on chronic pain muscle relaxants (such as norflex 100mg) are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. In most cases of LBP they show no benefit beyond NSAIDS in pain and overall improvement and offer multiple side effects including sedation and somnolence. In this case, the patient has been using this medication for longer than short-term. The documentation does not support that the patient has had a new injury or an exacerbation of pain. The continued use of a muscle relaxant is not medically necessary.

**Surgery Consult with Dr. Kvitne In Consideration of Right Knee:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

**Decision rationale:** A referral may be for appropriate if the practitioner is uncomfortable with the line of treating a particular cause of delayed recovery or has difficulty obtaining information or agreement to a treatment plan. To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. In this case, the patient has failed conservative treatment and a referral to a specialist is reasonable.