

Case Number:	CM15-0025306		
Date Assigned:	02/17/2015	Date of Injury:	01/28/2013
Decision Date:	04/07/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/10/2015

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 60 year old male, who sustained an industrial injury on 01/28/2013. The diagnoses have included status post right knee arthroscopy. Noted treatments to date have included right knee arthroscopy, physical therapy, Transcutaneous Electrical Nerve Stimulation Unit, home exercise program, and medications. No MRI report noted in received medical records. In a progress note dated 12/18/2014, the injured worker presented with complaints of right knee pain. Utilization Review determination on 01/30/2015 non-certified the request for Tramadol 150mg #60, Naproxen 550mg #90, Pantoprazole 20mg #90, and Cyclobenzaprine 7.5mg #90 citing Medical Treatment Utilization Schedule Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): (s) 78-80, 93-94, 124.

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

Decision rationale: The patient presents with right knee pain rated 8/10. The request is for TRAMADOL 150MG, #60. The RFA is not provided. The patient is status post right knee arthroscopy on 01/20/14. Patient is temporarily partially disabled. 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 p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol states: Tramadol 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. The prescription for Tramadol was first mentioned in the progress report dated 08/07/14 and the patient has been taking the medication consistently at least since then. Per the progress report dated 12/18/14, ADLs maintained with medication on board, current dosing regimen, including but not limited to grocery shopping, necessary household duties, bathing, grooming, preparing of food and cooking. Maintenance of recommended physical methods as recommended per guidelines including exercise and activity and improved range of motion." With respect to Tramadol, the patient denies side effects. In this case, although the treater has addressed adverse reactions and improvement in ADLs, there is no discussion on how Tramadol reduces pain as there are no pain scales or validated instruments to demonstrate analgesia. Additionally, the 4A's are not specifically addressed including discussions regarding aberrant drug behavior. There are no discussions in relation to the UDS's, opioid pain agreement, or CURES reports, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

Naproxen 550mg, #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): (s) 67-68, 73.

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

Decision rationale: The patient presents with right knee pain rated 8/10. The request is for NAPROXEN 550 MG #90. The RFA is not provided. The patient is status post right knee arthroscopy on 01/20/14. Patient is temporarily partially disabled. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for 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 p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The prescription for Naproxen was noted in the progress report dated 08/07/14.

The treater states, "NSAID facilitates 2-3 point diminution in pain component." In this case, a trial of Naproxen would be reasonable. MTUS supports the use of NSAIDs for various painful chronic conditions. The request IS medically necessary.

Pantoprazole 20mg, #90: Overturned

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 and cardiovascular risk Page(s): 69.

Decision rationale: The patient presents with right knee pain rated 8/10. The request is for PANTOPRAZOLE 20 MG, #90. The RFA is not provided. The patient is status post right knee arthroscopy on 01/20/14. Patient is temporarily partially disabled. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Regarding Protonix, or a proton pump inhibitor, MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present such as age greater 65; concurrent use of anticoagulants, ASA or high dose of NSAIDs; history of PUD, gastritis, etc. This medication also can be used for GI issues such as GERD, PUD or gastritis."The prescription for Pantoprazole was noted in the progress report dated 08/07/14. Review of the medical records indicated that the patient has a history of GI upset without PPI. The patient was concurrently treated with Naproxen sodium 550 mg since at least 08/07/14. The use of a PPI as a prophylactic measure along with use of oral NSAIDs is supported by guidelines as medically appropriate, given the patient's NSAID use, history of gastritis, and documented benefit with PPI. The request IS medically necessary.

Cyclobenzaprine 7.5mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): (s) 63-64.

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

Decision rationale: The patient presents with right knee pain rated 8/10. The request is for CYCLOBENZAPRINE 7.5 MG #90. The RFA is not provided. The patient is status post right knee arthroscopy on 01/20/14. Patient is temporarily partially disabled. 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."Treater provides no reason for request. Patient has been prescribed Cyclobenzaprine

from at least 08/07/14. MTUS recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. The request for Cyclobenzaprine #90 would exceed MTUS recommendation and does not indicate intended short-term use. Therefore, the request IS NOT medically necessary.