

Case Number:	CM15-0044506		
Date Assigned:	03/16/2015	Date of Injury:	01/31/2014
Decision Date:	04/17/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/09/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 39 year old man sustained an industrial injury on 1/31/2014. The mechanism of injury is not detailed. The current diagnosis is status post left knee arthroscopic assisted anterior cruciate ligament reconstruction with medical meniscectomy. Treatment has included oral medications, physical therapy, and surgical intervention. Physician notes dated 12/30/2014 show complaints of left knee pain rated 8/10. Recommendations include additional physical therapy, pain management, continue Tramadol ER, Hydrocodone 10/325, Naproxen Sodium, Pantoprazole, Cyclobenzaprine, random toxicology screen performed at this visit, and follow up in three weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Naproxen Sodium 550mg one po TID #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS
Page(s): 67.

Decision rationale: This 39 year old male has complained of left knee pain since date of injury 1/31/14. He has been treated with left knee surgery, physical therapy and medications to include NSAIDS since at least 09/2014. Per the MTUS guideline cited above, NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe joint pain. This patient has been treated with NSAIDS for at least a 4-month duration. There is no documentation in the available medical records discussing the rationale for continued use or necessity of use of an NSAID in this patient. On the basis of this lack of documentation, Naproxen is not indicated as medically necessary in this patient.

Retrospective request for Pantoprazole 20mg one po TID #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 67-68.

Decision rationale: This 39 year old male has complained of left knee pain since date of injury 1/31/14. He has been treated with left knee surgery, physical therapy and medications. The current request is for Pantoprazole. No treating physician reports adequately describe the relevant signs and symptoms of possible GI disease. No reports describe the specific risk factors for GI disease in this patient. In the MTUS citation listed above, chronic use of PPI's can predispose patients to hip fractures and other unwanted side effects such as Clostridium difficile colitis. Based on the MTUS guidelines cited above and the lack of medical documentation, Pantoprazole is not indicated as medically necessary in this patient.

Retrospective request for Cyclobenzaprine 7.5mg one po TID prn for spasm #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: This 39 year old male has complained of left knee pain since date of injury 1/31/14. He has been treated with left knee surgery, physical therapy and medications to include Cyclobenzaprine since at least 09/2014. The current request is for Cyclobenzaprine. Per MTUS guidelines, treatment with Cyclobenzaprine should be reserved as a second line agent only and should be used for a short course (2 weeks) only; additionally, the addition of cyclobenzaprine to other agents is not recommended. Per MTUS guidelines, Cyclobenzaprine is not considered medically necessary for this patient.

Retrospective request for Tramadol ER (extended-release), 150mg two po qd #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 39 year old male has complained of left knee pain since date of injury 1/31/14. He has been treated with left knee surgery, physical therapy and medications to include opioids since at least 09/2014. The current request is for Tramadol. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Tramadol is not indicated as medically necessary.