

Case Number:	CM15-0051940		
Date Assigned:	03/25/2015	Date of Injury:	07/18/2011
Decision Date:	05/06/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/19/2015

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: Pennsylvania
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 55-year-old female who reported right knee pain after falling on 7/18/2011. The injured worker was diagnosed osteoarthritis, status post right knee arthroscopy, rule out meniscal pathology, and right ankle chronic ligamentous injury. Treatment to date has included an arthroscopy on 11/15/11, physical therapy, and medications. Osteoarthritis was present as seen at arthroscopy. The current primary treating physician has been seeing this injured worker since 8/26/14. At that initial visit there was ongoing pain in the knee and ankle. There was no mention of any current or past medications. Prior treatment consisted of knee surgery and postoperative therapy. The treatment plan included a knee MRI, and 4 medications were started (naproxen, cyclobenzaprine, pantoprazole, tramadol). Subsequent reports during 2014-2015 reflect ongoing knee pain and benefits from all of the medications. Cyclobenzaprine is reportedly required because spasm did not respond to an extensive conservative treatment plan [the location of the spasm and the treatment listed is not present in the records]. The work status was temporarily totally disabled. The physical exam findings have been the same at each visit. The MRI has been requested to rule out internal derangement. A urine drug screen on 10/13/15 was negative for tramadol and cyclobenzaprine, while the medical report of that date reported the benefits of taking these and other medications. No subsequent reports discuss these results. On 2/23/15, there was reported benefit from unspecified medications, allowing performance of activities of daily living. Tramadol was reported to allow discontinuation of Schedule II or III drugs [none listed]. Nonsteroidal anti-inflammatory agents (NSAIDs) cause gastrointestinal (GI) upset, improved with a proton pump inhibitor (PPI). Spasm was refractory without cyclobenzaprine. Total pain score with medications added up to 0-1/10. The knee was tender with a 2+ effusion, limited range of motion, positive McMurray's, crepitus, and calf spasm. Medications were continued. The MRI was prescribed, with no specific indications. The work status was temporarily totally disabled. On 3/3/15, Utilization

Review non-certified the knee MRI and the medications now under Independent Medical Review, noting the lack of sufficient indications and non-compliance with the recommendations of the MTUS and the Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Tramadol ER 150mg 2 PO QD #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management, Opioids, steps to avoid misuse/addiction, Indications, Chronic back pain, Mechanical and compressive etiologies, Medication trials, Tramadol Page(s): 77- 81, 94, 80, 81, 60, 94, 113.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." Page 60 of the MTUS, cited above, recommends that medications be trialed one at a time. In this case, four medications were given as a group, making the determination of results, side effects, and benefits very difficult to determine. The treating physician states that using tramadol allowed elimination of stronger opioids, yet there is no mention in any records of using stronger opioids. Although the urine drug screens to date have not been performed according to sufficiently rigorous quality criteria, the results that are available reflect patient behavior not consistent with that which is expected for a continuation of chronic opioid therapy. The results of a urine drug screen in October 2014 were negative for cyclobenzaprine and tramadol. The PR2 was reporting benefit from ongoing use of these medications at the same time. These test results were never discussed and the prescribing was not changed in any way. These results are inconsistent with the prescribed opioids, evidence that the patient was not taking the prescribed opioids. Opioids are not medically necessary when there is evidence of inappropriate use of opioids not consistent with the prescribing. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. There is no evidence of significant pain relief or increased function from the opioids used to date. The prescribing physician describes this patient as temporarily totally disabled, which fails the "return-to-work" criterion for opioids in the MTUS, and represents an inadequate focus on functional improvement. The work status does not match the reported pain relief, which is nearly complete, and should therefore allow for nearly unrestricted activity, including work. As currently

prescribed, this opioid does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary. This is not meant to imply that some form of analgesia is contraindicated; only that the opioids as prescribed have not been prescribed according to the MTUS and that the results of use do not meet the requirements of the MTUS.

Retrospective: Naproxen 550mg 1 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 Medications for chronic pain, NSAIDs for Back Pain - Acute exacerbations of chronic pain, Chronic low back pain, specific drug list & adverse effects.

Decision rationale: Per the MTUS for chronic pain, page 60, medications should be trialed one at a time, and there should be functional improvement with each medication. No reports show any specific benefit, functional or otherwise. The work status does not match the reported pain relief, which is nearly complete, and should therefore allow for nearly unrestricted activity, including work. The injured worker remains temporarily totally disabled. Four medications were initiated simultaneously, which is not recommended in the MTUS and which makes determination of benefits and side effects nearly impossible. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS. The MTUS states that NSAIDs for arthritis are "Recommended at the lowest dose for the shortest period in patients with moderate to severe pain." Given the lack of specific benefit, excessive dosing, and lack of toxicity monitoring, there is not a sufficient necessity to continue this NSAID for the long term. The treating physician is giving this injured excessive doses of naproxen, more than recommended by the MTUS and the manufacturer. 550 mg naproxen should not be taken more than bid. And this injured worker reportedly has GI upset from NSAIDs. Naproxen is not medically necessary based on excessive dispensing, lack of benefit, and lack of prescription in accordance with the MTUS and the FDA warnings.

Retrospective: Pantoprazole 20mg 1 PO TID #90: 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): 68-69.

Decision rationale: There are no medical reports which adequately describe the relevant signs and symptoms of possible gastrointestinal disease. There is no examination of the abdomen on record. The treating physician is dispensing excessive quantities and doses of NSAIDs to this patient. Administration of a PPI is not the antidote for this practice. If one were to presume that a medication were to be the cause of the gastrointestinal symptoms, the treating physician would

be expected to change the medication regime accordingly, at least on a trial basis to help determine causation. Note the MTUS recommendation regarding the options for NSAID-induced dyspepsia. In this case, there is no evidence of any attempts to determine the cause of symptoms, including minimal attempts to adjust medications. PPIs are not benign. The MTUS, FDA, and recent medical literature have described a significantly increased risk of hip, wrist, and spine fractures; pneumonia, Clostridium-difficile-associated diarrhea, and hypomagnesemia in patients on proton pump inhibitors. This PPI is not medically necessary based on lack of medical necessity and risk of toxicity.

Retrospective: Cyclobenzaprine 7.5mg 1 PO TID PRN #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Cyclobenzaprine.

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

Decision rationale: The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. Prescribing has occurred consistently for many months. The quantity prescribed implies long-term use, not a short period of use for acute pain. Treatment for back spasm is not documented. Calf spasm is documented at each visit. The cause of this condition is not discussed by the treating physician, and there are significant questions remaining regarding etiology. The recommendation in the MTUS for muscle relaxants is for back pain, not calf spasm. The work status does not match the reported pain relief, which is nearly complete and should therefore, allow for nearly unrestricted activity, including work. The injured worker remains temporarily totally disabled. Cyclobenzaprine, per the MTUS, is indicated for short term use only and is not recommended in combination with other agents. This injured worker has been prescribed multiple medications along with cyclobenzaprine. The treating physician never addressed the negative drug test in 2014, and the injured worker may not be taking this medication. Per the MTUS, this muscle relaxant is not indicated, and is not medically necessary.

MRI of the Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment In Workers' Compensation, Online Edition, Chapter Knee & Leg (Acute & Chronic), Indications for imaging - MRI (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 332-335, 341, 343, 344-345, 347.

Decision rationale: Per the ACOEM Guidelines Page 341, special studies are not needed to evaluate most knee conditions until after a period of conservative care and observation. Page 347

lists the clinical findings, which indicate the need for surgery. The available reports do not adequately explain the kinds of conservative care already performed. The necessary components of the knee exam are not present, see pages 332-335 of the ACOEM Guidelines. The treating physician has not discussed symptoms beyond "pain." Pain is to be expected in an arthritic knee, and is not a sufficient criterion for imaging. Surgery is not indicated simply because there is pain and arthritis. The MRI is not medically necessary based on the MTUS and lack of specific indications.