

Case Number:	CM15-0058912		
Date Assigned:	04/03/2015	Date of Injury:	04/22/2014
Decision Date:	05/22/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	03/27/2015

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, California, Florida
Certification(s)/Specialty: Family Practice

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 32-year-old male who reported an injury on 04/22/2014. The mechanism of injury was not stated. The current diagnoses include left knee bone bruise and status post left knee arthroscopy on 10/17/2014. The injured worker presented on 02/11/2015 for a follow-up evaluation with complaints of 5/10 left knee pain. The provider indicated the current medication regimen facilitated maintenance of activities of daily living. The injured worker was utilizing tramadol ER, Protonix 20 mg, cyclobenzaprine 7.5 mg, and naproxen sodium 550 mg. Upon examination of the left knee, there was 0 to 120 degree painful range of motion with positive patellofemoral crepitus. There was no patellar instability noted. There was 5-/5 quadriceps weakness. Tenderness at the medial and lateral joint line was also documented. The provider indicated the injured worker had a slightly antalgic gait. Treatment recommendations included additional postoperative physical therapy for the left knee and continuation of the current medication regimen. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg, per 1/27/15 order quantity: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 88, 75.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, the injured worker has continuously utilized the above medication since at least 12/2014. There is no documentation of objective functional improvement. The injured worker continues to report 5/10 pain. There is also no frequency listed in the request. As such, the request is not medically necessary.

Naproxen 550mg, per 1/27/15 order quantity: 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs (NSAIDs) Page(s): 22, 70. Decision based on Non-MTUS Citation <http://www.drugs.com/dosage/naproxen.html>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: The California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. In this case, the injured worker has utilized the above medication since at least 11/2014. There is no documentation of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically necessary.

Pantoprazole 20mg, per 1/27/15 order quantity: 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines proton pump inhibitors Page(s): 68-69.

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

Decision rationale: California MTUS Guidelines state, proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. In this case, there was no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. The medical necessity for the requested medication has not been established. Additionally, there is no frequency listed in the request. As such, the request is not medically necessary.

Cyclobenzaprine 7.5mg, per 1/27/15 order quantity: 90.00: Upheld

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

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

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non sedating second line options for short term treatment of acute exacerbations.

Cyclobenzaprine should not be used for longer than 2 to 3 weeks. The injured worker has continuously utilized the above medications since 11/2014. The guidelines do not support long term use of muscle relaxants. There is also no documentation of palpable muscle spasm or spasticity upon examination. There is no frequency listed in the current request. Given the above, the request is not medically necessary.