

Case Number:	CM14-0164322		
Date Assigned:	10/09/2014	Date of Injury:	10/23/2012
Decision Date:	11/12/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/06/2014

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. The expert reviewer is Board Certified in Internal Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is an injured worker with the diagnoses of left knee medial meniscus tear and lateral meniscus tear. Date of injury was 10/23/2012. The progress report dated 8/13/2014 documented subjective complaints of left knee pain status post arthroscopic surgery 3/6/14. His medications are Anaprox, Protonix, Flexeril and Ultram. On examination of the left knee, there was tenderness upon palpation on the medial joint line, moderate effusion, and decreased range of motion. McMurray test elicited pain in the medial compartment. MRI magnetic resonance imaging of left knee demonstrated a medial meniscus tear. Primary treating physician's progress report dated March 12, 2014 with subjective complaints of left knee. He underwent arthroscopy surgery on March 6, 2014. The left knee was found to have medial meniscus tear and lateral meniscus tear. He was treated with arthroscopic partial medial and lateral meniscectomy. Physical examination of the left knee noted well-healed incisions. Neurocirculation was intact to the left lower extremity. There was no muscle atrophy. There was slight effusion noted. The range of motion was limited. Diagnoses were left knee medial meniscus tear and lateral meniscus tear status post arthroscopic surgery. Utilization review determination date was 9/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Flexeril 10mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, 49, Chronic Pain Treatment Guidelines CYCLOBENZAPRINE (FLEXERIL); MUSCLE RELAXANTS Page(s): 41-42; 63-66. Decision based on Non-MTUS Citation FDA Prescribing Information Flexeril Cyclobenzaprine <http://www.drugs.com/pro/flexeril.html>

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines addresses muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to a review in American Family Physician, muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Chronic Pain Medical Treatment Guidelines state that Cyclobenzaprine (Flexeril) is an option for a short course of therapy. Treatment should be brief. The addition of Cyclobenzaprine to other agents is not recommended. FDA guidelines state that Cyclobenzaprine is indicated for acute musculoskeletal conditions. Cyclobenzaprine should be used only for short periods (up to two or three weeks) because adequate evidence of effectiveness for more prolonged use is not available. Medical records document that the patient's occupational injuries are chronic. MTUS, ACOEM, and FDA guidelines do not support the use of Cyclobenzaprine (Flexeril) for chronic conditions. The patient has been prescribed NSAIDs. Per MTUS, using muscle relaxants in combination with NSAIDs has no demonstrated benefit. The use of Flexeril is not supported. Therefore, the request for Retrospective Flexeril 10mg #60 is not medically necessary.

Retrospective Ultram 50mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 67,77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRAMADOL (ULTRAM); OPIOIDS Page(s): 93-94, 113, 123; 74-96.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address Ultram (Tramadol). Ultram is a centrally acting synthetic opioid analgesic. Ultram is indicated for the management of moderate to moderately severe pain. MTUS Chronic Pain Medical Treatment Guidelines (Page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of break-through medication may be required for incidental pain, end-of-dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Medical records document the diagnoses of left knee medial meniscus tear and lateral meniscus tear status post arthroscopic surgery. The

patient has pain and objective evidence of pathology on physical examination and imaging studies. Ultram (Tramadol) is indicated for the management of moderate to moderately severe pain. Medical records and MTUS guidelines support the prescription of Ultram (Tramadol). Therefore, the request for Retrospective Ultram 50mg #120 is medically necessary.

Retrospective Anaprox 550mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 67,77.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses NSAIDs. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that NSAIDs are recommended for knee conditions. Medical records document the diagnoses of left knee medial meniscus tear and lateral meniscus tear status post arthroscopic surgery. The patient has pain and objective evidence of pathology on physical examination and imaging studies. ACOEM guidelines support the use of Anaprox, which is an NSAID, for the patient's conditions. Therefore, the request for Retrospective Anaprox 550mg #60 is medically necessary.