

Case Number:	CM14-0211205		
Date Assigned:	12/24/2014	Date of Injury:	07/12/2011
Decision Date:	02/28/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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 patient is a 50 year old female with an injury date of 07/12/11. As per progress report dated 11/24/14, the patient is status post left notchplasty with chondroplasty and debridement of medial tibial spine on 11/18/14, knee orthopedic surgery on 03/19/12, and ankle orthopedic surgery on 07/01/13. In progress report dated 11/10/14 (prior to surgery), the patient complains of aching and sharp pain in the left knee with moderately limited range of motion. The patient has also been diagnosed with headache, hypertension, hyperlipidemia and hypothyroidism. Physical examination reveals lateral joint tenderness along with an antalgic gait. Range of motion is limited with flexion is at 110 degrees and extension of 20 degrees. In progress report dated 10/23/14, the patient rates her left knee pain at 7/10 and left ankle pain at 5/10. Physical examination reveals tenderness in medial and lateral joint lines along with positive pettalofemoral crepitation throughout range of motion. Examination of the right hip reveals tenderness over the SI joint with positive Patrick's test. Medications, as per progress report dated 11/10/14, include Armour Thyroid, Lisinopril, Topiramate and Tramadol. The patient has been placed on modified duty, as per progress report dated 11/24/14. CT scan of the Left Knee (date not mentioned), as per progress report dated 11/10/14:- Impingement of the tibial spines on the notch- Depression of the lateral Tibial plateau Diagnoses, 10/23/14:- Right hip sacroiliac dysfunction- Status post left knee arthroscopy- Left knee posttraumatic degenerative joint disease, moderate- Status post left ankle surgery The treator is requesting for (a) NAPROXEN SODIUM 550 mg # 90 (b) PANTOPRAZOLE 20 mg # 90 (c) CYCLOBENZAPRINE 7.5 mg # 90 (d) NORCO 10/325 mg # 60 (e) TRAMADOL 50 mg # 60 (f) ANAPROX 550 mg # 60 (g)

KEFLEX 550 mg # 28. The utilization review determination being challenged is dated 12/04/14. Treatment reports were provided from 02/26/13 - 12/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550 mg #90: Overturned

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, Anti-inflammatory medications Page(s): 60, 61, 22.

Decision rationale: The patient is status post left notchplasty with chondroplasty and debridement of medial tibial spine on 11/18/14, knee orthopedic surgery on 03/19/12, and ankle orthopedic surgery on 07/01/13, as per progress report dated 11/24/14. The request is for NAPROXEN SODIUM 550 mg # 90. In progress report dated 10/23/14, the patient rates her left knee pain at 7/10 and left ankle pain at 5/10. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, a prescription for Naproxen was first noted in progress report dated 04/18/14 and the patient has been taking the medication consistently since then. In progress report dated 10/23/14, the treater states that "NSAID does result in 2-3 point diminution in pain component. Per patient, improved range of motion is appreciated with NSAID." The treater also states that the current medication regimen "Facilitates maintenance of recommended exercise level as well as reasonable activity level." Specific examples include grocery shopping, very basic household activities, breathing, grooming and cooking, as per the same progress report. Given the functional benefit and pain reduction from Naproxen use, as required by MTUS page 60, the request IS medically necessary.

Pantoprazole 20 mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: The patient is status post left notchplasty with chondroplasty and debridement of medial tibial spine on 11/18/14, knee orthopedic surgery on 03/19/12, and ankle orthopedic surgery on 07/01/13, as per progress report dated 11/24/14. The request is for PANTOPRAZOLE 20 mg # 90. In progress report dated 10/23/14, the patient rates her left knee pain at 7/10 and left ankle pain at 5/10. 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. Of GI issues. Recommendation is for denial. Specific request, however FDA indications <http://www.drugs.com/pro/protonix.html>, are present "PROTONIX- Pantoprazole, a PPI, Gastroesophageal Reflux Disease Associated with a History of Erosive Esophagitis. Protonix I.V. for Injection is indicated for short-term treatment (7 to 10 days) of adult patients with gastroesophageal reflux disease (GERD) and a history of erosive esophagitis." In this case, a prescription for Pantoprazole and Naproxen (NSAID) was first noted in progress report dated 04/18/14 and the patient has been receiving the medications consistently since then. In progress report dated 10/23/14, the treater states that the patient's "NSAID therapy historically resulted in GI upset without PPI, with PPI at qd dosing, and with PPI at bid dosing however denied GI upset with PPI at tid dosing." Additionally, the treater also states in the same report that the patient is at "intermediate risk" for developing adverse GI events with NSAID use and first-line Omeprazole was not efficacious in managing these GI events. In this case, treater has discussed patient's GI risk. He has documented failure of Omeprazole and current medication's prophylactic efficacy in maintaining patient's adherence to NSAIDs. Continued use of this PPI appears reasonable given its benefit. This request IS medically necessary.

Cyclobenzaprine 7.5 mg #90: Upheld

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

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

Decision rationale: The patient is status post left notchplasty with chondroplasty and debridement of medial tibial spine on 11/18/14, knee orthopedic surgery on 03/19/12, and ankle orthopedic surgery on 07/01/13, as per progress report dated 11/24/14. The request is for CYCLOBENZAPRINE 7.5 mg # 90. In progress report dated 10/23/14, the patient rates her left knee pain at 7/10 and left ankle pain at 5/10. 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." In this case, a prescription for cyclobenzaprine is first noted in progress report dated 09/02/14. In progress report dated 10/23/14, the treater states that the medication "facilitates significant decrease in spasm for average of five hours, with improved range of motion and resultant decrease in pain." The treater states that cyclobenzaprine reduces pain by at least 3 points on a scale of 10. The treater also states that the "degree of spasm does parallel pain level therefore this medication has been quite efficacious for spasm and pain." While the impact of cyclobenzaprine cannot be denied, the request for quantity 90 does not indicate intended short-term use. The guidelines do not recommend use of cyclobenzaprine for chronic use longer than 2-3 weeks. This request IS NOT medically necessary.

Norco 10/325 mg #60: Upheld

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

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

Decision rationale: The patient is status post left notchplasty with chondroplasty and debridement of medial tibial spine on 11/18/14, knee orthopedic surgery on 03/19/12, and ankle orthopedic surgery on 07/01/13, as per progress report dated 11/24/14. The request is for NORCO 10/325 mg # 60. In progress report dated 10/23/14, the patient rates her left knee pain at 7/10 and left ankle pain at 5/10. 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. In this case, a prescription for Norco is not noted in any of the available progress reports. However, the Request for Authorization form dated 11/25/14 included Norco in the list of post-op medications. It is not clear if this is the first prescription of the medication or if the patient has received the opioid in the past. The UR letter, however, states that "This medication is being used for long-term treatment.." The treater does not discuss any impact of Norco on pain and function. There are no UDS or CURES reports available for review. The treater does not discuss the side effects of the medication as well. MTUS requires specific discussion about all four A's including analgesia, specific ADL's, adverse reactions, and aberrant behavior. This request IS NOT medically necessary.

Tramadol 50 mg #60: Upheld

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

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

Decision rationale: The patient is status post left notchplasty with chondroplasty and debridement of medial tibial spine on 11/18/14, knee orthopedic surgery on 03/19/12, and ankle orthopedic surgery on 07/01/13, as per progress report dated 11/24/14. The request is for TRAMADOL 50 mg # 60. In progress report dated 10/23/14, the patient rates her left knee pain at 7/10 and left ankle pain at 5/10. 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. In this case, a

prescription for Tramadol is first noted in progress report dated 11/10/14. The Request for Authorization form dated 11/25/14 also includes Tramadol in the list of post-op medications. It is not clear if this is the first prescription of the medication or if the patient has received the opioid in the past. The UR letter, however, states that "This medication is being used for long-term treatment.." The treater does not discuss any impact of Tramadol on pain and function. There are no UDS or CURES reports available for review. The treater does not discuss the side effects of the medication as well. MTUS requires specific discussion about all four A's including analgesia, specific ADL's, adverse reactions, and aberrant behavior. This request IS NOT medically necessary.

Anaprox 550 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Anti-inflammatory medications Page(s): 60, 61, 22.

Decision rationale: The patient is status post left notchplasty with chondroplasty and debridement of medial tibial spine on 11/18/14, knee orthopedic surgery on 03/19/12, and ankle orthopedic surgery on 07/01/13, as per progress report dated 11/24/14. the request is for ANAPROX 550 mg # 60. In progress report dated 10/23/14, the patient rates her left knee pain at 7/10 and left ankle pain at 5/10. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, a prescription for Anaprox is not noted in any of the progress reports. The Request for Authorization form dated 11/25/14 also includes Anaprox in the list of post-op medications. It is not clear if this is the first prescription of the medication or if the patient has received the NSAID in the past. Another NSAID Naproxen was first noted in progress report dated 04/18/14 and the patient has been taking the medication consistently since then. In progress report dated 10/23/14, the treater states that "NSAID does result in 2-3 point diminution in pain component. Per patient, improved range of motion is appreciated with NSAID." The treater also states that the current medication regimen "Facilitates maintenance of recommended exercise level as well as reasonable activity level." Specific examples include grocery shopping, very basic household activities, breathing, grooming and cooking, as per the same progress report. Given the functional benefit and pain reduction, the use of one NSAID appears reasonable. However, it is not clear why the patient needs another NSAID. The request for Anaprox IS NOT medically necessary.

Keflex 550 mg #28: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (<http://www.ashp.org/surgical-guidelines>) www.guidelines.gov.

Decision rationale: The patient is status post left notchplasty with chondroplasty and debridement of medial tibial spine on 11/18/14, knee orthopedic surgery on 03/19/12, and ankle orthopedic surgery on 07/01/13, as per progress report dated 11/24/14. The request is for KEFLEX 550 mg # 28. In progress report dated 10/23/14, the patient rates her left knee pain at 7/10 and left ankle pain at 5/10. For "Clean operations involving hand, knee, or foot and not involving implantation of foreign materials" - no antibiotics required, per ASHP (the American Society of Health-System Pharmacists) Therapeutic Guidelines p586. (<http://www.ashp.org/surgical-guidelines>), Per www.guidelines.gov, the National Guideline Clearinghouse, Orthopedic Procedures, Antimicrobial prophylaxis is not recommended for patients undergoing clean orthopedic procedures, including knee, hand, and foot procedures; arthroscopy; and other procedures without instrumentation or implantation of foreign materials. (Strength of evidence against prophylaxis = C.) If the potential for implantation of foreign materials is unknown, the procedure should be treated as with implantation. In this case, a prescription for Keflex is not noted in any of the available progress reports. However, the Request for Authorization form dated 11/25/14 includes Keflex in the list of post-op medications. The treater does not mention what type of orthopedic surgery this patient is undergoing, whether or not hardware will be used. Assuming that it will be a clean orthopedic surgery, prophylactic use of antibiotics is not indicated. The request IS NOT medically necessary.