

Case Number:	CM14-0211752		
Date Assigned:	12/24/2014	Date of Injury:	08/27/2002
Decision Date:	03/26/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/17/2014

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: 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 patient had a date of injury on 8/27/2002. According to the progress note dated 11/13/14 the patient reported that her knee collapsed when she was coming out of the tub and she developed pain in the right ankle. On exam there was tenderness on the knee, positive McMurray test, reduced lumbar motion. Medications prescribed included Paxil, Norco, Trazodone, Flexeril, Nalfon, Protonic, Tramadol, Terocin patches and Lidopro cream. Diagnosis includes: left shoulder impingement, lumbosacral disc disease, internal derangement of the knee left, and left knee given out and falling.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

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

Decision rationale: According to guidelines Flexeril is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. According to the medical records, the patient has been using muscle relaxants for a prolonged period of time. Therefore, the request is not medically necessary.

Nalfon 400mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nalfon (fenoprofen calcium).

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

Decision rationale: According to guidelines NSAIDs for Back Pain - Chronic low back pain: Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another. (Roelofs-Cochrane, 2008) See also Anti-inflammatory medications. Neuropathic pain: There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. Based on these findings and the fact that the patient still has no control of the pain Naprosyn is not medically necessary.

Tramadol 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic is indicated for moderately severe pain to be used as little as possible acutely after failure of first line analgesics. The patient was prescribed various opioid medications previously and long term with no documentation of functional improvement or pain improvement. There is lack of efficacy in multiple notes including Dec 2012, Jan 11, 2013, Dec 2014, May 8 2014. Ongoing use of opioids should be based on quantified pain reduction and functional gains which have not been demonstrated. Therefore, the request for Tramadol is not medically necessary.