

<b>Case Number:</b>	CM14-0212565		
<b>Date Assigned:</b>	12/29/2014	<b>Date of Injury:</b>	02/16/2011
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2014

### 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: Orthopedic Surgery

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 49-year-old male with a 2/16/11 date of injury. At the time (10/10/14) of request for authorization for Cyclobenzaprine 7.5mg tab (Flexmid) #60 99070, Pantoprazole 20mg #60 (Protonix) 99070, and Tramadol 150mg #30 (Ultram ER) 99070, there is documentation of subjective (right knee pain with spasms) and objective (tenderness over knee joint, positive McMurray's test, and decreased knee range of motion) findings, current diagnoses (internal derangement of right knee, chondromalacia of patella, discogenic lumbar condition, and chronic pain syndrome), and treatment to date (medications (including ongoing treatment with Protonix, Naproxen, Flexeril, Tramadol, and Norco)). Medical report identifies that Protonix is prescribed to treat stomach upset from taking medications; and that the medications are helpful in decreasing symptoms allowing the patient to be functional. Regarding Cyclobenzaprine 7.5mg tab (Flexmid) #60 99070, there is no documentation of Flexeril used for short-term (less than two weeks) treatment; acute exacerbation of chronic low back pain; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a specific result of Flexeril use to date. Regarding Pantoprazole 20mg #60 (Protonix) 99070, there is no documentation that Protonix is being used as a second-line. Regarding Tramadol 150mg #30 (Ultram ER) 99070, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; moderate to severe pain; and functional benefit or improvement

as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a specific result of Tramadol use to date.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Cyclobenzaprine 7.5mg tab (Flexmid) #60 99070: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril). Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that Cyclobenzaprine (Flexeril) is recommended for a short course of therapy. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of internal derangement of right knee, chondromalacia of patella, discogenic lumbar condition, and chronic pain syndrome. In addition, there is documentation of ongoing treatment with Flexeril; and Flexeril used as a second line option. However, given documentation of ongoing treatment with Flexeril, there is no documentation of Flexeril used for short-term (less than two weeks) treatment. In addition, despite documentation of muscle spasm, and given documentation of a 2/16/11 date of injury, there is no documentation of acute muscle spasms, or acute exacerbation of chronic low back pain. Furthermore, despite documentation that the medications are helpful in decreasing symptoms allowing the patient to be functional, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a specific result of Flexeril use to date. Therefore, based on guidelines and a review of the evidence, the request for Cyclobenzaprine 7.5mg tab (Flexmid) #60 99070 is not medically necessary.

#### **Pantoprazole 20mg #60 (Protonix) 99070: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines NSAIDs, GI symptoms & cardiovascular risk. Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump

inhibitors (PPIs) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, and that Pantoprazole (Protonix) is being used as a second-line, as criteria necessary to support the medical necessity of Pantoprazole (Protonix). MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of internal derangement of right knee, chondromalacia of patella, discogenic lumbar condition, and chronic pain syndrome. In addition, there is documentation of ongoing treatment with Protonix. Furthermore, given documentation of ongoing treatment with NSAID; and that Protonix is prescribed to treat stomach upset from taking medications, there is documentation of gastrointestinal event. However, there is no documentation that Protonix is being used as a second-line. Therefore, based on guidelines and a review of the evidence, the request for Pantoprazole 20mg #60 (Protonix) 99070 is not medically necessary.

**Tramadol 150mg #30 (Ultram ER) 99070:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids On-Going Management Page(s): 78-79.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Page(s): 74-80, 113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; as criteria necessary to support the medical necessity of Opioids. In addition, specifically regarding Tramadol, MTUS Chronic Pain Medical Treatment Guideline identifies documentation of moderate to severe pain and Tramadol used as a second-line treatment (alone or in combination with first-line drugs), as criteria necessary to support the medical necessity of Tramadol. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of internal derangement of right knee, chondromalacia of patella, discogenic lumbar condition, and chronic pain syndrome. In addition, there is documentation of ongoing treatment with Tramadol; and Tramadol used as a second-line treatment. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will

be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, despite documentation of pain, there is no (clear) documentation of moderate to severe pain. Furthermore, despite documentation that the medications are helpful in decreasing symptoms allowing the patient to be functional, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a specific result of Tramadol use to date. Therefore, based on guidelines and a review of the evidence, the request for Tramadol 150mg #30 (Ultram ER) 99070 is not medically necessary.