

Case Number:	CM15-0015659		
Date Assigned:	02/03/2015	Date of Injury:	07/20/2012
Decision Date:	03/27/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	01/27/2015

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: 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 injured worker is a 53 year old male, who sustained an industrial injury on July 20, 2012. He has reported a slip and fall accident. The diagnoses have included right knee medial compartment osteoarthropathy, and right foot plantar faciitis. Treatment to date has included ice applications, heat applications, medications, orthovisc injections, intra-articular injection, and right total knee replacement, left shoulder surgery, back surgery, physical therapy, crutches, and transcutaneous electrical nerve stimulation. Currently, the IW complains of continued right knee, right foot/heel, low back, and shoulder pain. Physical findings indicate tenderness and crepitus of the right knee, tenderness of the lumbar spine area, a positive straight leg raise on the right, and limited range of motion to the left shoulder. A urine drug screen dated July 21, 2014, was negative for Tramadol, and Cyclobenzaprine. A urine drug screen dated August 22, 2014, is positive for Oxycodone and Hydromorphone, negative for Cyclobenzaprine. On January 26, 2015, Utilization Review non-certified Tramadol ER 150 mg, quantity #60, and Pantoprazole 20 mg, quantity #60, and Cyclobenzaprine 7.5 mg, quantity #90, based on MTUS, and ODG guidelines. On January 27, 2015, the injured worker submitted an application for IMR for review of Tramadol ER 150 mg, quantity #60, and Pantoprazole 20 mg, quantity #60, and Cyclobenzaprine 7.5 mg, quantity #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 15mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80,124, 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89, 90.

Decision rationale: The patient was injured on 07/20/12 and presents with right knee pain, right foot/heel pain, low back pain, and shoulder pain. The request is for TRAMADOL ER 150 MG QTY: 60. The RFA is dated 01/16/15 and the patient is temporarily partially disabled with no prolonged standing/walking, no kneeling. No repetitive bending or stooping. No repetitive at or above shoulder level activities with left upper extremity. The patient has been taking this medication as early as 11/03/14. 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 4 A's (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. MTUS page 90 continues to state that the maximum dose for hydrocodone is 60 mg per day. On 11/03/14, the patient rated his pain as a 6/10 for his right knee, 5/10 for his right foot/heel, 5/10 for his low back, and an 8/10 for his left shoulder. The 11/18/14 report indicates that the patient rates his pain as a 9/10. On 12/22/14, he rates his right knee pain as a 6/10, his right foot/heel pain as a 5/10, his low back pain as a 6/10, and his shoulder pain as a 7/10. On 12/26/14, the patient rated his pain as an 8-9/10. Although the treater provides pain scales not all 4 A's are addressed as required by MTUS guidelines. There are no before and after pain scales which demonstrate medication efficacy. There are no examples of ADLs which demonstrate medication efficacy, nor are there any discussions provided regarding aberrant behavior/side effects. No outcome measures are provided either as required by MTUS Guidelines. The patient does have a 08/22/14 UDS which is inconsistent with his medications. Hydromorphone is not reported as prescribed and was detected in the sample. There is no CURES report on file. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Norco IS NOT medically necessary.

Pantoprazole 20mg Qty60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Pain, Proton Pump Inhibitors

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

Decision rationale: The patient was injured on 07/20/12 and presents with right knee pain, right foot/heel pain, low back pain, and shoulder pain. The request is for PANTOPRAZOLE 20 MG

QTY: 60. The RFA is dated 01/16/15 and the patient is temporarily partially disabled with no prolonged standing/walking, no kneeling. No repetitive bending or stooping. No repetitive at or above shoulder level activities with left upper extremity. The patient has been taking this medication as early as 12/22/14. MTUS Guidelines page 60 and 69 states that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1.Age greater than 65.2.History of peptic ulcer disease and GI bleeding or perforation.3.Concurrent use of ASA or corticosteroid and/or anticoagulant.4.High-dose/multiple NSAID. MTUS page 69 states, "NSAIDs, GI symptoms, and cardiovascular risk: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI." The reason for the request is not provided. It appears that this is the first prescription of this medication. As of 12/22/14, the patient is taking Tramadol ER, Naproxen, Pantoprazole, and Cyclobenzaprine. The treater does not document dyspepsia or GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by guidelines without GI risk assessment. Given the lack of rationale for its use, the requested Pantoprazole IS NOT medically necessary.

Cyclobenzaprine 7.5mg Qty90: Upheld

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

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

Decision rationale: The patient was injured on 07/20/12 and presents with right knee pain, right foot/heel pain, low back pain, and shoulder pain. The request is for CYCLOBENZAPRINE 7.5 MG QTY: 90. The RFA is dated 01/16/15 and the patient is temporarily partially disabled with no prolonged standing/walking, no kneeling. No repetitive bending or stooping. No repetitive at or above shoulder level activities with left upper extremity. The patient has been taking this medication as early as 11/03/14. MTUS Guidelines page 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." For the right knee, there is tenderness along the medial/lateral joint line, crepitation with range of motion, and a limited range of motion. The patient has a tender lumbar spine and a positive straight leg raise. The left shoulder has a limited range of motion and is tender along the anterior aspect and at the a.c. MTUS Guidelines do not recommend use of Cyclobenzaprine for longer than 2 to 3 weeks. In this case, the patient has been taking Cyclobenzaprine as early as 11/03/14, which exceeds the 2 to 3 week limit recommended by MTUS.