

Case Number:	CM15-0114206		
Date Assigned:	06/22/2015	Date of Injury:	01/30/2014
Decision Date:	07/22/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/12/2015

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 37-year-old male, with a reported date of injury of 01/30/2014. The diagnoses include right knee osteoarthritis, muscle spasms, and right knee pain. Treatments to date have included physical therapy, an ultrasound-guided injection into the right knee, Supartz injection, and oral medications. The progress report dated 05/20/2015 indicates that the injured worker complained of right knee pain that was not any better. The objective findings include pain, tenderness and swelling, no redness, flexion at 100/135, extension at 160/180; negative McMurray, and pain and spasm of the right knee, with decreased range of motion on exam. It was noted that the injured worker reported that the medications helped control the pain and spasms, and helped increased activities of daily living. The pain was reported 3 out of 10 with medication, and 8-9 out of 10 without medication. The progress report dated 05/28/2015 indicates that the injured worker complained of right knee pain that was not any better. The objective findings include pain, tenderness and swelling, no redness, flexion at 110/135, extension at 110/180, new popping, locking, and clicking of the right knee, and positive McMurray. The treating physician requested Cyclobenzaprine 7.5mg #60 and Tramadol ER 150mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #60: Upheld

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

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

Decision rationale: The patient complains of painful right knee, and has been diagnosed with knee/leg sprain/stain, contusion of the knee, muscle spasms, localized superficial swelling, pain of limb, antalgic gait, and meniscus tear, as per progress report dated 05/28/15. The request is for CYCLOBENZAPRINE 7.5mg #60. There is no RFA for this case, and the patient's date of injury is 01/30/14. Medications, as per progress report dated 05/20/15, included Diclofenac, Lansoprazole, and Cyclobenzaprine. The patient is 7 months status post right partial lateral meniscectomy, removal of LB, and chondroplasty with aberration, as per the progress report dated 03/10/15. The patient is also status post multiple Supartz injections. He is taking Tramadol for pain relief and has been allowed to work with restrictions, as per progress report dated 05/28/15. 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 was first noted in progress report dated 03/30/15. In progress report dated 05/20/15, the treater states that medications help reduce pain from 8-9/10 to 3/10. They also help "control pain and spasms, and helps increase activities of daily living." MTUS, however, recommends only short-term use of muscle relaxants. Hence, the request for Cyclobenzaprine # 60 IS NOT medically necessary.

Tramadol ER 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89, 80.

Decision rationale: The patient complains of painful right knee, and has been diagnosed with knee/leg sprain/stain, contusion of the knee, muscle spasms, localized superficial swelling, pain of limb, antalgic gait, and meniscus tear, as per progress report dated 05/28/15. The request is for TRAMADOL ER 150mg #30. There is no RFA for this case, and the patient's date of injury is 01/30/14. Medications, as per progress report dated 05/20/15, included Diclofenac, Lansoprazole, and Cyclobenzaprine. The patient is 7 months status post right partial lateral meniscectomy, removal of LB, and chondroplasty with aberration, as per the progress report dated 03/10/15. The patient is also status post multiple Supartz injections. He is taking Tramadol for pain relief and has been allowed to work with restrictions, as per progress report dated 05/28/15. 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." Pages 80, 81 of MTUS also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." In this case, the patient has been taking Tramadol at least since 12/05/15. As per progress report dated 05/20/15, the treater states that medications help reduce pain from 8-9/10 to 3/10. They also help "control pain and spasms, and helps increase activities of daily living." The treater, however, does not use a pain scale to demonstrate reduction in pain due to Tramadol nor does the treater provide specific examples that indicate improvement in function. There is no discussion regarding side effects of this medication. Additionally, no UDS or CURES reports are available for review. MTUS requires a clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued opioid use. Additionally, MTUS also does not support greater than 120 mg equivalent Morphine dosing without pain management specialty consult and very special circumstances. Hence, the request for Tramadol 150 mg IS NOT medically necessary.