

<b>Case Number:</b>	CM15-0075373		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	04/11/2013
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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 55 year old male, who sustained an industrial injury on 4/11/13. He has reported initial complaints of right knee injury and pain after stepping on uneven ground and twisting the right knee getting into a tractor trailer. He had pain and swelling afterwards. The diagnoses have included right knee sprain/strain, torn medial meniscus, three compartmental osteoarthritis, patellofemoral chondromalacia, and status post right knee arthroscopy partial medial meniscectomy on 11/4/13. Treatment to date has included medications, diagnostics, knee surgery, physical therapy, modified duty and home exercise program (HEP). Currently, as per the physician progress note dated 2/24/15, the injured worker is status post arthroscopy partial medial meniscectomy right knee on 11/4/13 with complaints increased right knee pain. He reports that an injection given on 2/5/15 had helped the pain. The objective findings revealed no deformity of the injured right knee, incisions were well healed, and range of motion is 0-135 degrees. Treatment plan was to continue home exercise program (HEP) and medications. The current medications included Protonix, Tylenol with Codeine, Anaprox, and Ultram ER. There was no urine drug screen noted in the records. Work status was to return to modified work on 2/3/15 with limitations/restrictions. The physician requested treatments included Protonix 20mg #60, Tylenol with Codeine 300/60mg #60, Anaprox 500mg #60, and Ultram ER 150 #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MED Protonix 20mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

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

**Decision rationale:** The patient presents on 03/24/15 with unrated right knee pain. The patient's date of injury is 04/11/13. Patient is status post partial medial meniscectomy of the right knee on 11/04/13, and status post corticosteroid knee injection on 02/05/15. The request is for MED PROTONIX 20MG #60 (1 PO BID). The RFA is dated 03/24/15. Physical examination of the right knee dated 03/24/15 reveals no gross deformity, no tenderness to palpation, range of motion from 0-135 degrees, and well healed surgical portals. All examination findings of the knee are unremarkable. The patient is currently prescribed Tylenol #4, Ultram ER, Anaprox, and Protonix. Diagnostic imaging included MRI of the right knee dated 05/18/13, showing: "Torn medial meniscus, 3 compartment osteoarthritis with moderately severe patellofemoral chondromalacia." Per 03/24/15 progress note, patient is advised to return to modified work ASAP. MTUS pg 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 antagonists or a PPI." 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." In regards to the request for Protonix, the treater has not provided a reason for the request. While PPI's are generally indicated in patients who suffer from dyspepsia or those taking high-dose NSAIDs, there is no indication from the reports provided that this patient has upper GI complaints secondary to NSAID utilization. Without an appropriate GI assessment or indication that this patient suffers from dyspepsia secondary to NSAID utilization, the use of this medication cannot be substantiated. Therefore, this request IS NOT medically necessary.

**MED Tylenol with Codeine 300/60mg #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 Long-term use of Opioids Page(s): 76-78, 88-89.

**Decision rationale:** The patient presents on 03/24/15 with unrated right knee pain. The patient's date of injury is 04/11/13. Patient is status post partial medial meniscectomy of the right knee on 11/04/13, and status post corticosteroid knee injection on 02/05/15. The request is for MED TYLENOL WITH CODEINE 300/60MG #60 (1 PO Q3-4 HR PRN PAIN). The RFA is dated 03/24/15. Physical examination of the right knee dated 03/24/15 reveals no gross deformity, no tenderness to palpation, range of motion from 0-135 degrees, and well healed surgical portals.

All examination findings of the knee are unremarkable. The patient is currently prescribed Tylenol #4, Ultram ER, Anaprox, and Protonix. Diagnostic imaging included MRI of the right knee dated 05/18/13, showing: "Torn medial meniscus, 3 compartment osteoarthritis with moderately severe patellofemoral chondromalacia." Per 03/24/15 progress note, patient is advised to return to modified work ASAP. MTUS Guidelines pages 88 and 89 under Criteria for Long-term use of Opioids states: "The patient should be assessed at each visit, and functioning should be measured at 6-month intervals using the numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A'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. In regard to the requested Tylenol 4 for this patient's chronic pain, the treating physician has not provided adequate documentation of efficacy to continue its use. This patient has been prescribed Tylenol 4 since at least 12/04/14. Progress note dated 03/24/15 does not mention medication efficacy or provide specific functional improvements. MTUS requires documentation of pain reduction via a validated instrument, and activity-specific functional improvements - none are provided. Progress notes do not contain consistent drug screens or a discussion of a lack of aberrant behavior, either. The provided documentation does not satisfy the 4A's as required by MTUS to substantiate continued use this medication. The request IS NOT medically necessary.

**MED Anaprox 500mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Pain Outcomes and Endpoints Page(s): 22, 8-9.

**Decision rationale:** The patient presents on 03/24/15 with unrated right knee pain. The patient's date of injury is 04/11/13. Patient is status post partial medial meniscectomy of the right knee on 11/04/13, and status post corticosteroid knee injection on 02/05/15. The request is for MED ANAPROX 500MG #60 (1 PO BID W/ FOOD). The RFA is dated 03/24/15. Physical examination of the right knee dated 03/24/15 reveals no gross deformity, no tenderness to palpation, range of motion from 0-135 degrees, and well healed surgical portals. All examination findings of the knee are unremarkable. The patient is currently prescribed Tylenol #4, Ultram ER, Anaprox, and Protonix. Diagnostic imaging included MRI of the right knee dated 05/18/13, showing: "Torn medial meniscus, 3 compartment osteoarthritis with moderately severe patellofemoral chondromalacia." Per 03/24/15 progress note, patient is advised to return to modified work ASAP. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS Chronic Pain Medical Treatment Guidelines, pg 8 under Pain Outcomes and Endpoints states: When prescribing controlled substances for pain, satisfactory response to

treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In regard to the continuation of Anaprox for this patient's chronic knee pain, the treater has not provided adequate documentation of medication efficacy. Progress notes indicate that this patient has been taking Anaprox since at least 12/04/14. Progress note dated 03/24/15 does not provide discussion of medication efficacy, or indicate that Anaprox utilization results in any functional benefits. MTUS guidelines require documentation of medication efficacy to continue use, none is provided. Therefore, the request IS NOT medically necessary.

**MED Ultram ER 150 #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Long-term use of Opioids Page(s): 76-78, 88-89.

**Decision rationale:** The patient presents on 03/24/15 with unrated right knee pain. The patient's date of injury is 04/11/13. Patient is status post partial medial meniscectomy of the right knee on 11/04/13, and status post corticosteroid knee injection on 02/05/15. The request is for MED ULTRAM ER 150 #60 (1 PO Q 12 HR PRN PAIN). The RFA is dated 03/24/15. Physical examination of the right knee dated 03/24/15 reveals no gross deformity, no tenderness to palpation, range of motion from 0-135 degrees, and well healed surgical portals. All examination findings of the knee are unremarkable. The patient is currently prescribed Tylenol #4, Ultram ER, Anaprox, and Protonix. Diagnostic imaging included MRI of the right knee dated 05/18/13, showing: "Torn medial meniscus, 3 compartment osteoarthritis with moderately severe patellofemoral chondromalacia." Per 03/24/15 progress note, patient is advised to return to modified work ASAP. MTUS Guidelines pages 88 and 89 under Criteria for Long-term use of Opioids states: "The patient should be assessed at each visit, and functioning should be measured at 6-month intervals using the numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A'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. In regard to the requested Ultram for this patient's chronic knee pain, the treating physician has not provided adequate documentation of efficacy to continue it's use. This patient has been prescribed Ultram since at least 12/04/14. Progress note dated 03/24/15 does not mention medication efficacy or provide specific functional improvements. MTUS requires documentation of pain reduction via a validated instrument, and activity-specific functional improvements - none are provided. Progress notes do not contain consistent drug screens or a discussion of a lack of aberrant behavior, either. The provided documentation does not satisfy the 4A's as required by MTUS to substantiate continued use this medication. The request IS NOT medically necessary.