

<b>Case Number:</b>	CM15-0095573		
<b>Date Assigned:</b>	05/22/2015	<b>Date of Injury:</b>	04/06/2014
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 37-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of April 6, 2014. In a Utilization Review report dated April 22, 2015, the claims administrator failed to approve requests for tramadol, Protonix, and cyclobenzaprine (Flexeril). An order form dated March 16, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On March 15, 2015, the applicant reported ongoing complaints of knee pain status post earlier knee arthroscopy of December 22, 2014. Additional physical therapy, Flexeril, naproxen, Protonix, Norco, and tramadol were endorsed in a highly templated manner while the applicant was placed off work, on total temporary disability, for an additional four weeks. The note was very difficult to follow, mingled historical issues with current issues. The attending provider did suggest that the applicant's medications were helpful, in one section of the note. The attending provider stated that the applicant's ability to groom himself and cook had been ameliorated as a result of medication consumption and physical therapy. It was suggested in some sections of the note that the applicant had experienced previous issues with dyspepsia, while other sections of the note stated that the applicant was using Protonix for gastric protective effect as opposed to for bona fide symptoms of dyspepsia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE: Pantoprazole 20mg, 3 times a day, #90 (DOS: 3/16/15): Upheld**

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

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

**Decision rationale:** No, the request for pantoprazole (Protonix) was not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Protonix are indicated in the treatment of NSAID-induced dyspepsia, here, however, the attending provider's documentation of March 16, 2015 was difficult to follow and, at times, internally inconsistent. Some portions of the attending provider's note seemingly stated that the applicant had experienced actual symptoms of dyspepsia with naproxen usage, while other sections of the note stated that naproxen was being employed for gastric protective effect. However, the applicant seemingly failed to meet criteria set forth on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines for prophylactic usage of proton pump inhibitors, which include age greater than 65, evidence that an applicant is using multiple NSAIDs, evidence that an applicant is using NSAIDs in conjunction with corticosteroids, and/or evidence that an applicant has a history of GI bleeding and/or peptic ulcer disease. Here, however, no such history was furnished. The applicant was less than 65 (age 37). The applicant was not NSAIDs in conjunction with corticosteroids and was only using one NSAID, naproxen. Usage of Protonix, thus, was not seemingly indicated in conjunction with the same, based on the information on file. Therefore, the request was not medically necessary.

**RETROSPECTIVE: Tramadol ER (extended release) 150mg, 1 time a day, #60 (DOS: 3/16/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, pain treatment agreement Page(s): 89.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** Similarly, the request for tramadol, a synthetic opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off work, it was suggested on March 15, 2015. The applicant was placed off work, on total temporary disability, on that date, some four months removed from the date of earlier knee surgery. While the attending provider did recount some reported reduction in pain scores effected as a result of ongoing medication consumption, including ongoing tramadol consumption, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline any meaningful or material improvements in function effected as a result of ongoing tramadol usage (if any). The attending provider's commentary to the effect that the applicant's ability to groom himself and/or cook did not constitute evidence of a meaningful, material, or significant improvement in function effected as a result of ongoing tramadol usage. Therefore, the request was not medically necessary.

**RETROSPECTIVE: Cyclobenzaprine 7.5mg, 3 times a day as needed, #90 (DOS: 3/16/15):**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain.

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

**Decision rationale:** Finally, the request for cyclobenzaprine was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was, in fact, using a variety of other agents, including Norco, tramadol, naproxen, etc. Adding cyclobenzaprine or Flexeril to the mix is not recommended. It is further noted that the 90-tablet supply of cyclobenzaprine at issue represents treatment in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.