

<b>Case Number:</b>	CM13-0006433		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	05/14/2007
<b>Decision Date:</b>	04/24/2014	<b>UR Denial Date:</b>	07/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/02/2013

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations

### 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 patient is a 41-year-old male who reported an injury on 05/14/2007. The mechanism of injury was not provided in the medical records. The patient's diagnoses include right knee chondromalacia/chondral defect; possible meniscal tear right knee; disc protrusion at L5-S1 with radiculopathy; and rule out traumatic/derivative right median/ulnar neuropathy. The patient's symptoms are noted to include significant right knee pain and low back pain with right lower extremity symptoms. An MRI of the right knee performed on 02/09/2013 revealed mild globular increased signal intensity in the posterior horn of the medial meniscus, most consistent with mild intrasubstance degeneration; not entirely excluding a tear. Physical examination findings revealed tenderness to palpation of the right knee and a positive medial McMurray's test. His medications are noted to include hydrocodone 7.5 mg, an unspecified NSAID and proton pump inhibitor, and Cyclobenzaprine 7.5 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **A RIGHT KNEE ARTHROSCOPY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

**Decision rationale:** According to ACOEM Guidelines, surgical consultation may be indicated for patients with activity limitation for more than 1 month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. In regard to surgery for meniscal tears, the guidelines indicate that symptoms should be more than simply pain, such as walking, popping, giving way, or recurrent effusion. Additionally, there should be clear signs of a tear on physical examination with tenderness over the suspected tear but not over the entire joint line, possible lack of full passive flexion, and consistent findings on MRI. The clinical information submitted for review indicated that the patient had right knee pain; however, recent clinical notes failed to show any evidence of locking, popping, giving-way, or recurrent effusion. Additionally, the physical examination revealed tenderness of the right knee; however, there was no documentation of specific tenderness over the suspected tear. Further, as the request for right knee arthropathy fails to identify the specific procedures being requested as part of the surgery, in the absence of these details, and for the above reasons, the request is not supported.

**PANTOPRAZOLE 20MG # 90, DISPENSED 6/24/2013:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Information from the drug manufacturer

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

**Decision rationale:** According to the California MTUS Guidelines, proton pump inhibitors may be recommended for patients seeking NSAID medications who have been found to be at high risk for gastrointestinal events, or for patients with complaints of dyspepsia secondary to NSAID use. The clinical information submitted for review indicates that the patient is utilizing an NSAID medication and has a history of guidelines indicate upset without use of a proton pump inhibitor. However, it was noted that the patient has not had GI upset with use of a proton pump inhibitor and NSAID dosing at 3 times a day. Based on this evidence that the patient is utilizing an NSAID medication, has a history of GI upset, and has had a positive outcome with use of a proton pump inhibitor in addition to his NSAID medication, the request is supported by evidence based guidelines. As such, the request is certified.

**CYCLOBENZAPRINE 7.5 MG #90, DISPENSED 6/24/2013:** 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 Page(s): 41-42.

**Decision rationale:** According to the California MTUS Guidelines, cyclobenzaprine is only recommended for a short course of therapy as it was found to be more effective than placebo in the management of back pain, but with modest effect and great adverse effects. The clinical information submitted indicates that the patient utilizes cyclobenzaprine to decrease spasm and

pain and increase function; however, as the guidelines specifically state that use of this medication is not recommended long-term, the request is not supported. As such, the request is non-certified.