MAXIMUS Federal Services

| Case Number: | CM13-0010395 | | |
|---|---|---|---|
| Date Assigned: | 06/06/2014 | Date of Injury: | 01/14/2005 |
| Decision Date: | 07/11/2014 | UR Denial Date: | 07/30/2013 |
| Priority: | Standard | Application Received: | 08/13/2013 |

## 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 Physical Medicine & Rehabilitation and is licensed to practice in California. 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 injured worker is a 52 year old male who reported an injury on January 14, 2005 from an unknown mechanism. The injured worker has a history of bilateral knee pain. On examination dated April 24, 2014 the injured worker showed bilateral knee crepitus, slightly abnormal gait crouched forward, complaining of pain and difficulty, and difficulty getting on and off the examination table. The injured worker has a diagnoses of significant pathology of the knee with grade III chondromalacia of the medial femoral condyle at the weight bearing surface with grade II/grade III chondromalacia of the patella, and synovitis. The injured worker underwent operative arthroscopic shaving and debridement of the medial femoral condyle, shaving and debridement of the patella, with a partial anterior synovectomy. The treatment plan is for Hyalgan injections. No medications are listed. The treatment is for Cyclobenzaprine HCL7.5mg and Omeprazole 20mg. The request for authorization form was not provided.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**CYCLOBENZAPRINE HCL 7.5 MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 41.

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

**Decision rationale:** The California MTUS recommends cyclobenzaprine as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. There is lack of documentation for the frequency of medication or effectiveness to relieving pain, assessment of pain before and after medication, and side effects if any. Guidelines recommend for short term use. There is lack of documentation to how long the injured worker has been on medication. The request is not medically necessary.

**OMEPRAZOLE 20 MG:** Upheld

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

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

**Decision rationale:** The California MTUS recommends use of Omeprazole with precautions as indicated. Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). There is lack of documentation as the frequency of usage of medication. There is no documentation to indicate the injured worker is at risk for gastrointestinal symptoms. Also there is lack of information as to if the medication was effective or medically necessary. The request is not medically necessary.