

<b>Case Number:</b>	CM13-0011634		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	02/14/2012
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	08/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2013

### 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 Neurological Surgery, 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 55-year-old female who states that she sustained a work-related injury on February 14, 2012. The mechanism of injury is not specified. The injured worker was most recently seen on March 31, 2014 for a reevaluation of her bilateral knee pain. There were continued complaints of joint pain and stiffness, especially since relief from the previous Synvisc injection has worn off. These injections were provided in May and June of 2013. There is a history of a right knee arthroscopy performed January 25, 2013, and a left knee arthroscopy performed July 27, 2012. The physical examination on this date notes well-healed arthroscopic portals and bilateral range of motion from 0 to 125. There was a positive patellae grind test and patellofemoral crepitus. There was a diagnoses of bilateral knee, left hip and lumbar spine pain. An additional Synvisc injection was recommended as well as acupuncture. A previous independent medical review was performed on August 6, 2013, which did not medically necessitate requests for cyclobenzaprine, Ondansetron, Omeprazole, Medrox, Naproxen and Tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST (DATE OF SERVICE 4/4/2013): 120**  
**CYCLOBENZAPRINE HYDROCHLORIDE 7.5 MG: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20-9792.26 (EFFECTIVE JULY 20, 2009), CYCLOBENZAPRINE Page(s): 41.

**Decision rationale:** According to the injured worker's most recent visit on March 31, 2014, there is no mention of the injured worker's complaints of low back pain, although it is still listed as a diagnosis. There are no current complaints of low back pain or any muscle related pathology that would require this medication based on Chronic Pain Medical Treatment Guidelines. As such, there is no indication for the use of cyclobenzaprine. This request for cyclobenzaprine is not medically necessary.

**RETROSPECTIVE REQUEST (DATE OF SERVICE 4/4/2013):60 ONDANSETRON ODT (ORALLY DISINTEGRATING TABLETS) 8 MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Antiemetics (For Opioid Nausea), Pain (Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG): ANTIEMETICS (FOR OPIOID NAUSEA), PAIN (CHRONIC), UPDATED JUNE 10, 2014.

**Decision rationale:** The Official Disability Guidelines only recommends the use of antiemetics for nausea and vomiting secondary to chronic opioid usage. This medication could also potentially be used for side effects due to recent surgery. As the injured worker does not appear to have symptoms related to either of these conditions, this request for Ondansetron is not medically necessary.

**RETROSPECTIVE REQUEST (DATE OF SERVICE 4/4/2013): 120 OMEPRAZOLE DR (DELAYED RELEASE) 20 MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20-9792.26 (EFFECTIVE JULY 18, 2009) AND NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK Page(s): 68.

**Decision rationale:** Omeprazole is a proton pump inhibitor intended for gastrointestinal symptoms secondary to anti-inflammatory usage. The attached medical record does not contain any complaints that the injured worker is experiencing any gastrointestinal upset. For this reason, this request for Omeprazole is not medically necessary based on the Chronic Pain Medical Treatment Guidelines.

**RETROSPECTIVE REQUEST (DATE OF SERVICE 4/4/2013): 2 PRESCRIPTIONS OF MEDROX PAIN RELIEF OINTMENT 120 GM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20-9792.26 (EFFECTIVE JULY 18, 2009), TOPICAL ANALGESICS Page(s): 111.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines only endorse the use of topical analgesics including anti-inflammatory agents, lidocaine or capsaicin. Medrox is a topical medication, which contains capsaicin as well as menthol and methyl salicylate. These other compounding agents are not approved medications by the California Medical Treatment Utilization Schedule (CAMTUS). Therefore, this request for Medrox is not medically necessary.