

Case Number:	CM13-0014910		
Date Assigned:	10/03/2013	Date of Injury:	04/13/2009
Decision Date:	01/30/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic 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 physician 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 56-year-old gentleman who was injured in a work related accident on 04/13/09. Clinical records reviewed include a 08/12/13 assessment with [REDACTED] where subjective complaints of left knee pain were noted. Objectively, there was also a cervical examination that showed paraspinous tenderness, mild spasm and guarding with the left knee showing tenderness about the joint line with well healed documented arthroscopic portal sites. Motion was from 0 to 120 degrees. Working assessment was that of multilevel cervical disc desiccation, thoracic and lumbar strains, and left knee pain status post a March 2010 procedure. The provider indicated that review of a recent cervical MRI scan did not demonstrate a surgical lesion. The plan at that time was for continuation of chiropractic measures as well as medications in the form of Cyclobenzaprine, Tramadol, and Omeprazole. Records indicate that the claimant has undergone a significant course of prior chiropractic measures.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: California MTUS Guidelines on Chronic Pain would include the need for a proton pump inhibitor of Omeprazole only in the setting of significant gastrointestinal risk factor or events. These would include an age greater than 65-years, a history of peptic ulcer, gastrointestinal bleeding, or perforation, concordant use of aspirin, corticosteroid, or anticoagulants, and high dose multiple nonsteroidal use. Records do not state any of the above risk factors being present in this individual's course of care. The specific request for continued use of Omeprazole in this 63-year-old gentleman would not be indicated at this time.

Chiropractic Treatments, six (6) visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-59.

Decision rationale: Based on California MTUS Guidelines, the continued role of chiropractic treatment for six additional sessions would not be indicated. In regard to the chiropractic reevaluation and treatment for cervical related complaints, if return to work is achieved in one to two visits every four to six months then additional visits can be supported. The records in this case do not indicate the claimant has returned to work or that significant benefit has been achieved over the past several months with no indication of documented improvement from prior chiropractic measures and treatment. In regard to the claimant's other diagnosis of knee pain, chiropractic therapy is not recommended for the knee. The specific clinical request in this case would not be supported.

Cyclobenzaprine 7.5 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

Decision rationale: Based on California MTUS Guidelines, continued use of muscle relaxer in the form of Cyclobenzaprine would not be indicated. California MTUS Guidelines indicate that Cyclobenzaprine is recommended only with caution as a second line option for short term treatment of acute exacerbation of chronic tissue complaints. It would not support the role of continued use of this agent for greater than four weeks. Records indicate that the claimant has been utilizing Cyclobenzaprine for significantly greater than a four week period of time. Its continued use at this stage in the claimant's chronic course of care would not be indicated.

Tramadol ER 150 MG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Tramadol (Ultram) Page(s): 91-94.

Decision rationale: Based on California MTUS Guidelines, continued use of Tramadol would not be indicated. Records do not indicate significant benefit in the form of functional improvement. Guideline criteria indicates that the efficacy of Tramadol is for short term pain relief and long term efficacy for its use of greater than 16 weeks is "unclear", but appears to be quite limited. The claimant has been utilizing the agent for greater than 16 weeks with no documentation of significant recent benefit. The continued role of this agent would not be supported.