

Case Number:	CM13-0020479		
Date Assigned:	10/11/2013	Date of Injury:	03/20/2010
Decision Date:	01/22/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/05/2013

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 Anesthesiology has a subspecialty in Pain Medicine 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 44-year-old female who reported a work related injury on 03/30/2010. The patient reportedly fell coming up a flight of stairs, sustaining injuries to both knees, left shoulder, and low back. The patient's diagnoses include bilateral knee chondromalacia of the patella with probable traumatic arthritis, multilevel lumbar disc protrusion with foraminal encroachment, most significant as seen at the L3-4, L4-5, and L5-S1 levels as demonstrated on MRI from 12/2011. MRI of the left knee revealed narrowing with loss of the articular surface of the joint medially. Left shoulder MRI was unremarkable. The patient reached maximum medical improvement on 06/03/2013 with a 19% whole person impairment rating.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen #20: 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 Section Page(s): 67-72.

Decision rationale: The most recent clinical documentation submitted stated the patient presented for a follow-up for her lower back pain. That radiated to her bilateral lower

extremities down to her feet on the lateral aspect. The patient reported her radicular lower extremity pain was still under fair to good control since her lumbar epidural steroid injection in 06/2012; but her lower back pain was worsening. The patient was noted to be taking tramadol and Neurontin with some relief of pain. She was also being prescribed transdermal topical medication. Physical exam of the patient revealed tenderness over the left shoulder joint and tenderness to palpation over the lumbar spinous processes and interspaces from L3 to S1 with significant tenderness over the facet joints from L3 to S1 bilaterally with positive provocation test. The patient had a negative straight leg raise in a sitting position bilaterally and lower extremity reflexes were diminished at the patella bilaterally, worse on the left and present at the Achilles bilaterally. Sensory exam was grossly intact to touch. The patient also had tenderness over her bilateral knee joints, worse on the left, with increased pain in flexion and extension. The California Chronic Pain Medical Treatment Guidelines indicate the maximum daily dose for Flurbiprofen is 300 mg/day and the maximum divided dose is 100 mg. Per the clinical documentation submitted for review, the dose of the patient's Flurbiprofen and frequency was not stated. There was no clinical rationale provided which supported the medical necessity of the requested Flurbiprofen for the patient. Furthermore, guidelines recommend NSAIDs at the lowest dose for the shortest period of time in patients with moderate to severe pain. NSAIDs are recommended as an option for short-term symptomatic relief of chronic low back pain. Given the above, the request for Flurbiprofen #20 is non-certified.

Cyclobenzaprine #20: 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 Cyclobenzaprine Section Page(s): 41-42.

Decision rationale: The most recent clinical documentation presented stated the patient continued to have significant lower back pain with stiffness. She was noted to currently be taking tramadol, Neurontin, and a transdermal topical medication. The patient's gait was shuffling and she was limping bilaterally, favoring the knees, more so on the left. The patient also used a cane for assistance in ambulation. Limited range of motion was noted to the lumbar spine in all directions with tenderness to palpation over the lumbar spinous processes and interspaces from L3 to S1. The patient also had tenderness to palpation over the bilateral knee joints, worse on the left, with increased pain in flexion and extension. The patient was noted to have degenerative changes with deformity over the bilateral knees, which was worse on the left without redness, warmth, or erythema. The patient reported she would be going for a Synvisc knee joint injection soon. The patient also complained of left shoulder pain. The California Medical Treatment Guidelines for Chronic Pain indicate that Cyclobenzaprine is recommended as an option. A short course of therapy is recommended for this medication and treatment should be brief. Guidelines further state that the addition of Cyclobenzaprine to other agents is not recommended. There was a lack of clinical documentation submitted noting how long the patient had taken Cyclobenzaprine. There was also no clinical rationale submitted to support the medical necessity of the medication. As such, the request for Cyclobenzaprine #20 is non-certified.

