

Case Number:	CM13-0034039		
Date Assigned:	01/15/2014	Date of Injury:	07/21/2012
Decision Date:	04/22/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/11/2013

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 Geriatrics and is licensed to practice in New York. 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 56 year old man with a date of injury of 7/21/12. He was seen by his primary treating physician on 8/21/13 with complaints of left ankle and foot pain. He had tenderness to palpation of the plantar aspect of his left foot and a positive McMurray's test to his left knee. He was diagnosed with left knee internal derangement and left plantar fasciitis. He was seen again on 9/18/13 with complaints of left shoulder and bilateral knee pain. His pain was unchanged and his exam showed tenderness to the left shoulder. The treatment plan was to continue to see another physician for his left knee and to prescribe / continue Flexeril, Protonix and Vicodin which are at issue in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 10MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines., Flexeril.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, pgs.63-66 Page(s): 63-66.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines for muscle relaxant use, non-sedating muscle relaxants are recommended for use with caution as a second-

line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. Based on the medical records provided for review the MD visits of 8/13 and 9/13 fails to document any improvement in pain, functional status or side effects or spasm on physical exam to ongoing long-term use. The request for Flexeril 10 mg # 30 is not medically necessary and appropriate.

PROTONIX 20MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, pgs.68-69 Page(s): 68-69.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, the criteria for the usage of this usage of this medication consist of the following, 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The medical records provided for review do not indicate that the patient is a high risk of gastrointestinal events to justify its usage. The request for Protonix 20 mg # 30 is not medically necessary and appropriate.

VICODIN 5/500MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, pgs.74-80 Page(s): 74-80.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines for opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visits of 8/13 and 9/13 fails to document any improvement in pain, functional status or side effects to justify ongoing use. The request for Vicodin 5/500 mg # 60 is not medically necessary and appropriate.