

<b>Case Number:</b>	CM13-0055673		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/08/2012
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	11/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### 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 and Rehabilitation, has a subspecialty in Interventional Spine, 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:

This is a 56 year-old female who was injured on 10/8/2012. She was diagnosed with left knee pain, s/p partial knee replacement; question of further internal derangement of left knee; left hip pain; question internal derangement left hip; left greater trochanteric bursitis; and myofascial pain syndrome. According to the initial physiatry report dated 9/17/13 from [REDACTED], the patient presents with continued left knee pain, especially with longer distance walking. She uses a single point cane to ambulate. She takes Naproxen, Omeprazole, Neurontin and Flexeril. On 11/15/13 UR recommended partial certification for Naprosyn, Omeprazole, Neurontin and Flexeril, to allow for weaning or to report functional improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PROSPECTIVE USAGE OF GENERIC NAPROSYN 550MG TIMES 2 MONTH**

**SUPPLY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Chronic Pain Medical Treatment Guidelines, ,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-INFLAMMATORY MEDICATIONS PAIN OUTCOMES AND ENDPOINTS Page(s): 22.

**Decision rationale:** The patient presents with left knee pain. Limited information is available for review. The 9/17/13, 11/19/13, 11/20/13 and 9/28/13 medical reports from [REDACTED] were reviewed for efficacy of medications, or assessment of pain and function. The available reports did not discuss medication efficacy. MTUS on page 9 states, "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement," and on page 8 states: "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." There is no reporting on efficacy of the medications, the documentation does not support a satisfactory response. There is no mention of improved pain, or improved function or improved quality of life with the use of Naprosyn, Neurontin or Flexeril. MTUS does not recommend continuing treatment if there is not a satisfactory response. The reporting does not appear to be in accordance with MTUS guidelines for continued use/prospective use of Naprosyn or generic Naproxen.

**PROSPECTIVE USAGE OF OMEPRAZOLE 20MG, (TIMES 2 MONTH SUPPLY):**  
Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Chronic Pain Medical Treatment Guidelines, ,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOM AND CARDIOVASCULAR RISK Page(s): 68-69.

**Decision rationale:** The patient presents with left knee pain. Limited information is available for review. The 9/17/13, 11/19/13, 11/20/13 and 9/28/13 medical reports from [REDACTED] were reviewed for efficacy of medications, or assessment of pain and function. The 9/17/13 report states the patient has gastric reflux. MTUS guidelines only mention Omeprazole or proton pump inhibitors under the NSAID section, for complications of, or for prevention of GI events with use of NSAIDs. MTUS does not discuss use of omeprazole for its labeled indication of GERD. The boxed label indication for Omeprazole is GERD. The use of Omeprazole for the patient's reflux symptoms is in accordance with this. The Prospective Usage of Generic Omeprazole 20mg is medically necessary and appropriate .

**PROSPECTIVE USAGE OF GENERIC NEURONTIN 600MG (TIMES 2 MONTH SUPPLY):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Chronic Pain Medical Treatment Guidelines, ,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPSY DRUGS(EADs) PAIN OUTCOMES AND ENDPOINTS Page(s): 16-18, 8-9.

**Decision rationale:** The patient presents with left knee pain. Limited information is available for review. The 9/17/13, 11/19/13, 11/20/13 and 9/28/13 medical reports from ██████████ were reviewed for efficacy of medications, or assessment of pain and function. The available reports did not discuss medication efficacy. MTUS on page 9 states, "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement," and for anti-epilepsy medications, MTUS states there should be at least a 30% reduction in pain, or switch to a different first line agent, or combination treatment. MTUS does not recommend continuing the same treatment if the 30% reduction is not met. The reporting does not appear to be in accordance with MTUS guidelines for continued use/prospective use of Neurontin/Gabapentin.

**PROSPECTIVE USAGE OF GENERIC FLEXERIL 7.5MG, #20: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Chronic Pain Medical Treatment Guidelines, ,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) ANTISPASMODICS Page(s): 63,66.

**Decision rationale:** The patient presents with left knee pain. Limited information is available for review. The 9/17/13, 11/19/13, 11/20/13 and 9/28/13 medical reports from ██████████ were reviewed for efficacy of medications, or assessment of pain and function. The available reports did not discuss medication efficacy. Flexeril has been used on the 9/17/13 and 10/15/13 reports. MTUS specifically states this medication is not to be used longer than 3 weeks. The request for use of Flexeril or Cyclobenzaprine over 8-weeks exceeds the MTUS recommendations. The Prospective Usage of Generic Flexeril is not medically necessary and appropriate.