MAXIMUS Federal Services

Case Number:	CM13-0067446		
Date Assigned:	01/03/2014	Date of Injury:	03/26/2013
Decision Date:	08/05/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/16/2013

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 54-year-old female was reportedly injured on March 26, 2013. The mechanism of injury is noted as lifting a patient in a bed. The most recent progress note, dated November 15, 2013, indicates that there are ongoing complaints of left knee and left arm pain. The physical examination demonstrated range of motion of the left knee from 32 115. There was a positive McMurray's and Apley's test as well as medial joint line tenderness and a positive anterior drawer test. Physical examination of the lumbar spine also reveal tightness and paraspinal muscle spasms. There was a request for a cane, a knee brace, and the use of a home TENS unit. Previous treatment includes cortisone injections, physical therapy, left knee surgery, and postoperative physical therapy. A request had been made for naproxen, omeprazole, and cyclobenzaprine and was not certified in the pre-authorization process on December 2, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MONTH SUPPLY OF NAPROXEN SODIUM 550MG: 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 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page(s): 66 & 73 OF 127.

Decision rationale: Naproxen is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. According to the most recent medical record dated, November 15, 2013, the injured employee has been diagnosed with a torn meniscus of the left knee but there is no diagnosis of left knee arthritis. Additionally there is no noted efficacy of prior usage of this anti-inflammatory medication as well as Motrin. For these reasons this request for a one-month supply of Naproxen sodium is not medically necessary.

1 MONTH SUPPY OF OMEPRAZOLE 20MG: 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 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page(s): 68 OF 127.

Decision rationale: Prilosec (Omeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. There is no indication in the record provided of a G.I. disorder. Additionally, the injured employee does not have a significant risk factor for potential G.I. complications as outlined by the Chronic Pain Medical Treatment Guidelines. Therefore, this request for Omeprazole is not medically necessary.

1 MONTH SUPPLY OF CYCLOBENZAPRINE 7.5MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Muscle relaxants Page(s): 41, 64 OF 127.

Decision rationale: The Chronic Pain Medical Treatment Guidelines supports the use of skeletal muscle relaxants for the short-term treatment of pain, but advises against long-term use. Although there were findings of spasms of the lumbar spine on physical examination, the injured employee has no complaints of low back pain. Additionally, given the injured employee's date of injury and clinical presentation, the guidelines do not support this request for chronic pain. As such, this request for Cyclobenzaprine is not medically necessary.