

Case Number:	CM13-0071664		
Date Assigned:	01/17/2014	Date of Injury:	04/23/2012
Decision Date:	06/06/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/24/2013

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 Anesthesiology, and is licensed to practice in Florida. 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 50 year old male who reported an injury on 04/23/2012 secondary to unknown mechanism of injury. The diagnoses included left knee meniscal injury with tear, lumbosacral sprain/strain injury and status post knee surgery in 2012. The injured worker was evaluated on 12/12/2013 for reports of pain and discomfort to the low back and knee and depression. The exam noted decreased range of motion to the lumbosacral area and a positive Apley's test to the left knee. The treatment plan included continued medication therapy and a functional restoration program. The request for authorization was not found in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC 20MG, PO QD # PRN: 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 Page(s): 68.

Decision rationale: The MTUS Chronic Pain Guidelines recommend the use of proton pump inhibitors when the injured worker is at intermediate risk for gastrointestinal events and on

NSAIDs. The injured worker is on NSAIDs; however, there is a lack of evidence in the documentation provided indicating a risk for gastrointestinal events. Therefore, the request is not medically necessary and appropriate.

FLEXERIL 10 MG, PO QHS # 30 PRN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

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

Decision rationale: The MTUS Chronic Pain Guidelines recommend the use of muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The documentation provided indicates the injured worker has been prescribed muscle relaxants since at least 08/20/2012. This time frame exceeds the time frame to be considered short-term. The efficacy of the medication was unclear. Therefore, the request is not medically necessary and appropriate.