

Case Number:	CM14-0011186		
Date Assigned:	02/21/2014	Date of Injury:	10/21/2009
Decision Date:	06/16/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/28/2014

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 & Rehabilitation, 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:

The injured worker is a 60 year old female who reported an injury on 10/21/2009, due to an unknown mechanism. The clinical note dated 01/24/2014 presented the injured worker with pain in the lumbar spine, right knee pain, and headaches. The injured workers physical exam of the lumbar spine revealed range of motion values of 20 degrees of flexion, 5 degrees of extension, and 10 degrees of bilateral flexion. The range of motion to the right knee demonstrated 90 degrees of flexion, -5 degrees of extension; and there was a right lateral meniscus tear, and Valgus and Varus tests were positive. The injured worker was diagnosed with right knee patellar tendonitis, right knee joint effusion, right knee degenerative joint disease, right knee partial thickness tear, spondylolisthesis of the lumbar spine, and disc bulge of the lumbar spine. The request for authorization form was not included in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 7.5MG #90 W/ 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CYCLOBENZAPRINE (FLEXERIL) Page(s): 41.

Decision rationale: The request for Cyclobenzaprine 7.5MG #90 with 2 refills is not medically necessary. The California MTUS guidelines recommend Flexeril as an option for a short course of therapy. The greatest effect of this medication is in the first four days of treatment, suggesting that shorter courses may be better. It is unclear as to how long the injured worker has been prescribed Cyclobenzaprine. The request for Cyclobenzaprine 7.5MG #90 with 2 refills exceeds the guideline recommendations. The efficacy of the medication was unclear. Therefore, the request is not medically necessary.

PANTOPRAZOLE 20MG # W/ 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68.

Decision rationale: The request for Pantoprazole 20MG with 2 refills is not medically necessary. The California MTUS guidelines recommend proton pump inhibitors for injured workers at risk for gastrointestinal events. The guidelines recommend that clinicians utilize the following criteria to determine if the injured worker is at risk for gastrointestinal events: (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's. The medical documentation did not indicate the injured worker had gastrointestinal symptoms. It was unclear if the injured worker had a history of peptic ulcer, GI bleed, or perforation. It did not appear the injured worker is at risk for gastrointestinal events. Therefore, the request is not medically necessary.