

<b>Case Number:</b>	CM14-0111594		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	08/28/2009
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 54 year old male who sustained an injury on 08/28/09. No specific mechanism of injury was noted. The injured worker has been followed for complaints of pain in the right ankle, foot, and knee as well as comorbid hypertension and atrial fibrillation. The injured worker had been recommended for a surgical intervention for the left knee; however, this was postponed due to the injured worker's hypertension and anticoagulation therapy. The most recent clinical report was from 04/15/14 which noted the injured worker continued to have pain in the left foot. The injured worker was pending further stress testing for his cardiac conditions. The injured worker also described swelling of the left knee with ambulation as well as continuing complaints of low back pain. The injured worker's physical examination noted tenderness to palpation in the left knee at the lateral and medial collateral ligaments. The injured worker was unable to perform any range of motion testing for the lumbar spine and had noted tenderness over the left plantar fascia. There was limited range of motion on left sided dorsa flexion. The injured worker was recommended for radiographs of the left foot and instructed to return for follow up in 4 weeks. The requested Omeprazole, Cyclobenzaprine, and Tramadol were denied by utilization review on 06/20/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & Cardiovascular risk Page(s): 68.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, proton pump inhibitors

**Decision rationale:** In regards to the requested medication, this reviewer would not have recommended the request as medically necessary. The previous denial was given by a chiropractor. This is an invalid denial of the injured worker's medications as the chiropractor was not licensed to prescribe medications. However, the clinical records provided for review did not discuss any side effects from oral medication usage including gastritis or acid reflux. There was no other documentation provided to support a diagnosis of gastroesophageal reflux disease. Given the lack of any clinical indication for the use of a proton pump inhibitor this reviewer would not have recommended this request as medically necessary.

**Cyclobenzaprine 10mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 41, 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

**Decision rationale:** In regards to the requested medication, this reviewer would not have recommended the request as medically necessary. The previous denial was given by a chiropractor. This is an invalid denial of the injured worker's medications as the chiropractor was not licensed to prescribe medications. However, the chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Therefore, this reviewer would not have recommended the ongoing use of this medication.

**Tramadol ER 750mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 82, 93-94, 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

**Decision rationale:** In regards to the requested medication, this reviewer would not have recommended the request as medically necessary. The previous denial was given by a chiropractor. This is an invalid denial of the injured worker's medications as the chiropractor was not licensed to prescribe medications. However, there was insufficient documentation in the

clinical record regarding the efficacy of this medication in terms of pain relief and functional improvement as recommended by current evidence based guidelines. As such, this reviewer would not recommend this medication as medically necessary.