

Case Number:	CM14-0112483		
Date Assigned:	08/01/2014	Date of Injury:	11/02/2010
Decision Date:	09/10/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/18/2014

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 48 year old female injured on 11/02/10 when she tripped over an open drawer landing on her hands and knees. The injured worker underwent right knee arthroscopy and partial lateral meniscectomy chondroplasty on 01/27/12 followed by physical therapy, medication management, and acupuncture. Diagnoses include bilateral wrist tenosynovitis, status-post right knee arthroscopy, and bilateral knee contusion. Clinical note dated 06/10/14 indicated the injured worker presented completion of acupuncture with noticeable decrease in pain during sessions; however, return of pain the following day. The injured worker reported bilateral knee pain and instability with multiple falls and giving way of the right knee. The injured worker also reported pain in the right hand and with associated numbness and tingling in the right hand. Physical examination of bilateral wrists/hands revealed tenderness to palpation, weakness in grip strength, and slightly restricted range of motion due to discomfort. Examination of the right knee revealed tenderness to medial/lateral joint line and superior pole of patella, swelling noted, no crepitus, and weak quadriceps noted. Examination of the left knee revealed mild tenderness of the medial joint line and 1+ swelling note. Treatment plan included request for acupuncture therapy 2 times a week for four weeks, MRI studies of the right knee, request for Electromyogram (EMG) and nerve conduction velocity (NCV) examination of the upper extremities, request for adjustable brace for the right knee, and prescriptions for Naproxen, Omeprazole, and Flexeril. The initial request for NCV/EMG of the upper extremities, Omeprazole 20mg #30, and Flexeril #30 was initially non-certified on 08/05/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV / EMG, Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

Decision rationale: As noted in current CAMTUS, EMG is recommended to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural injection. However, electromyography is not recommended for diagnosis of nerve root involvement if findings of history, physical exam, and imaging study are consistent. There is no indication of neuropathic inconsistencies requiring additional confirmation of origin via EMG/NCV. As such the request for NCV / EMG, Upper Extremities cannot be recommended as medically necessary at this time.

Omeprazole 20 mg #30: Upheld

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

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: As noted in the Official Disability Guidelines - Online version, Pain Chapter, proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is no indication that the injured worker is at risk for gastrointestinal events requiring the use of proton pump inhibitors. Furthermore, long-term PPI use (>1 year) has been shown to increase the risk of hip fracture. As such, the request for Omeprazole 20 mg #30 cannot be established as medically necessary.

Flexeril 10 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Cyclobenzaprine Page(s): 41.

Decision rationale: As noted on page 41 of the Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is recommended as a second-line option for short-term (less than two weeks)

treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the injured worker has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of Flexeril 10 mg #30 cannot be established at this time.