

Case Number:	CM14-0119457		
Date Assigned:	08/06/2014	Date of Injury:	06/04/2010
Decision Date:	09/17/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/28/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine 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:

This is a 47-year-old male patient who sustained an industrial injury on 06/04/2010. Diagnoses include lumbar musculoligamentous sprain/strain with bilateral lower extremity radiculitis, left greater than right, right sacroiliac joint sprain, thoracic/trapezius strain, right shoulder periscapular strain, bilateral knee sprain/strain with history of contusion, patellofemoral arthralgia, and recurrent tear of medial meniscus. Mechanism of injury occurred while traveling from the main office of his employers to a job site when he was involved in a motor vehicle accident. The patient reported that prior to this accident, he was experiencing neck and low back pain due to a previous injury from 2005 or 2006. Previous treatment included physical therapy both land and aquatic, electrical stimulation, hot packs, cold packs, massage, roller bed, traction, chiropractic adjustments, injections, knee brace, and medications, as well as surgery. Requests for Anaprox DS 55mg #60, Fexmid 7.5mg #60, and 1 x-ray series (2 views) of the right knee were non-certified as a utilization review on 07/03/14. The reviewing physician noted that NSAIDs are not recommended for long-term use, and the patient has been on Anaprox DS since at least November 2013 without any significant change in symptoms. Regarding Fexmid, it was noted muscle relaxants are only recommended as an option for a short course of therapy or supported for postop use and is not recommended for longer than 2-3 weeks. The patient has been using this medication since at least November 2013. Regarding x-rays 2 view series of the right knee, the reviewing physician noted the records provided did not identify any issues with hemarthrosis or acute trauma being present in the postsurgical setting that would require taking these films. According to agreed medical evaluation dated 07/01/13, at that time the patient was taking Naproxen, over-the-counter Tylenol, over-the-counter Zantac, and a muscle relaxant, the name of which he did not recall. Progress note dated 07/16/14 indicated the patient reporting that pain in the lumbar spine rated at 4/10 that occasionally travels down to the left by. The right

knee is also better. Physical therapy helps a lot. He reports pain has decreased. He had a second right L4-L5 transforaminal epidural steroid injection on 06/20/14 which provided relief 3-4 days after the procedure of 70%. It was noted he is not currently taking any medications at this time as they have not been authorized. On physical examination, gait was antalgic to the right. Heel-toe walk was exacerbated to the right. There is diffuse tenderness over the lumbar paravertebral musculature and moderate facet tenderness at L4-S1. Sacroiliac tests were positive on the right. Lumbar range of motion was mildly restricted in extension. Sensation was decreased at the right L4 and L5 dermatomes. Motor strength was 5/5 bilaterally throughout the lower extremities with the exception of 4/5 at the right knee extensor. Lower extremity reflexes were 2+ bilaterally throughout with the exception of 1+ at the right knee. Plan was to proceed with a third epidural steroid injection, consider medial branch blocks, and continue with an aggressive home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox DS 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: The CA MTUS recommended "Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy." The patient has chronic pain from an injury sustained in 2010 and has been taking NSAIDs since at least July of 2013. Long-term use of NSAIDs is not recommended. The medical records do not clearly establish when this medication was initially started or duration of treatment. There is no clear description of measurable pain relief or functional benefit as a result of use of this medication. The current request does not specify frequency of dosing. The request for Anaprox DS 550 mg, #60 is not medically necessary.

Fexmid 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available).

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

Decision rationale: The CA MTUS indicates that non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. There is no significant functional benefit noted with use of muscle relaxants in this case, and the patient has been prescribed muscle relaxants since at least July of 2013. As there is no indication this patient is currently experiencing an acute flare-up of symptoms, and date of injury is noted to be in 2010, ongoing use of this medication is not supported by guidelines criteria. The current request does not specify frequency of dosing. Fexmid 7.5 mg #60 is not medically necessary.

1 X-Ray series (2 views) of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Knee and Leg, Radiography (x-rays).

Decision rationale: The ODG guidelines indicate "Studies have suggested that the symptoms of knee osteoarthritis (OA) are rather weakly associated with radiographic findings and vice versa. Based on a review of all studies, the proportion of those with knee pain found to have radiographic osteoarthritis ranged from 15-76%, and in those with radiographic knee OA the proportion with pain ranged from 15% - 81%. The results of knee x rays should not be used in isolation when assessing individual patients with knee pain." In this case, the patient has previously undergone imaging as well as surgery, diagnosis has been established, and there are no significant remaining deficits that would suggest repeat imaging with x-ray series two views of the right knee would be considered medically necessary. It is noted the patient has been doing well since surgery and appears to be making progress in physical therapy. There are no red flag findings identified on physical examination. Training provider has not included a detailed rationale indicating why additional x-rays should be performed at this time or how the results would alter the current treatment plan. Therefore, requested X-ray series (2 views) of the right knee is not medically necessary.