MAXIMUS Federal Services

Case Number:	CM14-0183661		
Date Assigned:	11/10/2014	Date of Injury:	07/12/2011
Decision Date:	12/26/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/04/2014

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 Family Practice 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 51 year old female sustained a work related injury on 07/12/2011. The mechanism of injury was not made known. As of an office visit dated 03/19/2014, controlled substance medications included diazepam that was filled on 06/11/2013, oxycodone that was filled on 06/19/2013 and tramadol that was filled on 11/12/2013. A computed tomography imaging report of the left knee dated 03/27/2014 revealed well-healed tibial spine fractures and posterior lateral tibial plateau fractures were demonstrated. Moderate posttraumatic deformity remains with depression of the posterior lateral tibial plateau. There was no effusion. No evidence for an intra-articular loose body. There was mild/moderate medial and lateral compartment narrowing. As of an office visit dated 04/18/2014, the injured worker was taking Naproxen for severe pain and inflammation as well as Protonix due to use of non-steroidal anti-inflammatories (NSAIDS). She reported that with these medications she was able to continue to work and do activities of daily livings, such as cooking, cleaning, going up and down stairs and as well as walking. She denied any side effects from the medication. As of an office visit dated 06/23/2014, the injured worker complained of right hip pain that was rated 2-3 on a scale of 1-10 and left knee pain rated 4-8. According to the provider she had limitation of activities of daily living including cooking, cleaning and self-care. Lower extremity examination revealed range of motion of left knee 10-130 degrees with a 20 degree valgus angle. There was no sign of infection or deep vein thrombosis. There was positive painful patellofemoral crepitus with motion but no patellar instability. It was tender to palpation over the medial and lateral joint lines. Negative anterior drawer, negative posterior drawer and negative Lachman were noted. She had 5-/5 quadriceps strength and 5/5 hamstring strength. On the left ankle examination, the incision site was clean, dry, intact and well healed. There was mildly decreased motion throughout the ankle and minimal pain with motion. Strength was intact. The right hip exam revealed full range of

motion throughout, mildly positive FABER test and mildly positive tenderness to palpation of the SI joint. No instability was noted and no sign of infection. It was non-tender over the trochanteric bursa. Gait was mildly antalgic. Diagnoses included right hip SI dysfunction, status post left knee scope on 03/09/2012, left knee posttraumatic degenerative joint disease moderate and status post left ankle surgery in 07/2013. The provider requested an appeal of the denied surgical procedure that was previously requested an included a notchplasty arthroscopic with a debridement of the tibial spine region. According to the provider, the injured worker had a mechanical painful block to motion that corticosteroid injection or any other conservative methods will not cure or relieve. The injured worker was temporarily partially disabled x 4 weeks with no prolonged walking or standing. Sedentary work was noted and no inmate contact and no combat situations. As of an office visit on 09/02/2014, the provider noted that the medication at current dosing facilitated maintenance of activities of daily living and recalled frequent inability to adhere to recommended exercise regimen without the medication. Non-steroidal anti-inflammatories improved range of motion an additional 2 point average. The injured worker recalled history of gastrointestinal upset without a proton pump inhibitor while taking NSAIDS and recalled refractory spasms prior to taking cyclobenzaprine. Cyclobenzaprine was noted to decrease spasm for approximately 4-5 hours, facilitate marked improvement of range of motion; tolerance to exercise and additional decrease in overall pain level 2-3 points. He had been on Naproxen for several months with similar pain scale and function levels. On 10/15/2014, Utilization Review non-certified Naproxen 550mg #90, Pantoprazole 20mg #90 and urine toxicology screen and modified Cyclobenzaprine 7.5mg #90 that was requested on 09/02/2014. According to the Utilization Review physician in regards to Naproxen, MTUS guidelines recommends this at the lowest dose for the shortest period in patients with moderate to severe pain. Most recent documentation was almost three months ago. This medication is supported for short-term use only and the injured worker has a date of injury over six years ago. In regards to the Cyclobenzaprine, it is recommended for short-term used and there was no quantified documentation of improvement. Due to the nature of the drug, weaning was recommended. In regards to the Pantoprazole, there was no documentation provided that the injured worker was at increased gastrointestinal risk as the non-steroidal anti-inflammatories are not supported at this time. In regards to the urine toxicology screen, there is no documentation that the injured worker takes an opioid. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxyn 550mg #90 on 9/2/14.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: According to the MTUS guidelines, NSAIDs (Naproxen) are 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. In this case, the claimant had been on Naproxen for months with similar pain level and function. There was no indication of Tylenol failure. The claimant had GI upset while on Naproxen and required a proton pump inhibitor. The continued use of Naproxen is not medically necessary.

Cyclobenzaprine 7.5mg #90 on 9/2/14.: Upheld

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

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

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been given Cyclobenzaprine for over a month. Long-term use is not recommended. Continued use is not medically necessary.

Pantoprazole 20mg #90 on 9/2/14.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

Decision rationale: According to the MTUS guidelines, Pantoprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Therefore, the continued use of Pantoprazole is not medically necessary.

Urine toxicology screen on 9/2/14.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine toxicology Page(s): 83-91.

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to

prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. Based on the above references and clinical history a urine toxicology screen is not medically necessary.