

<b>Case Number:</b>	CM14-0020233		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	08/22/2010
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 patient is a 36-year-old female who sustained an injury to her right knee when she slipped on a plastic bag on August 22, 2010. Subsequently, she underwent right knee arthroscopy on April 19, 2011 with only significant finding of redundant synovium overlying the anterior horn of the medial meniscus with all other visualized structures as normal and healthy. Additionally, the patient was physically attacked by an angry customer in March of 2012 and has subsequently developed Post-Traumatic Stress Disorder and is under psychiatric care as result. According to follow up reports since the injury, she has had continuous right knee pain with noted difficulty in kneeling, squatting and standing on hard floors. She states she is unable to climb ladders. Aside from her injury, the patient had an issue with gastro-esophageal reflux disease (GERD); however, on the ML102 report dated 12/05/11, the patient stated that it started when she went to the graveyard shift and now that she is back on days, it is no longer present. However, a report of GI upset is on an orthopedic evaluation dated 07/25/12.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRESCRIPTION FOR FLEXERIL 5MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42, 64.

**Decision rationale:** Cyclobenzaprine (Flexeril, Amrix, Fexmid™, generic available) is recommended for a short course of therapy as a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). It is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. Cyclobenzaprine is associated with a number needed to treat of 3 to 2 weeks for symptom improvement. The greatest effect appears to be in the first 4 days of treatment. The Chronic Pain Medical Treatment Guidelines clearly delineates the use of Flexeril for back pain; however, it makes no mention of its use in knee internal derangement or muscle atrophy / weakness. No explanation is given as to the reasoning for the prescription of Flexeril. The request is not medically necessary.

**PRESCRIPTION FOR PROTONIX 20MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK.

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

**Decision rationale:** Proton Pump Inhibitors (PPI) is recommended for patients at risk for gastrointestinal events. Healing doses of PPIs are more effective than all other therapies, although there is an increase in overall adverse effects compared to placebo. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by non-steroidal anti-inflammatory drug (NSAIDs). Although PPIs are recommended in use for prevention of NSAID induced gastritis and in patients with documented esophageal reflux, the patient does not express experiencing NSAID induced gastritis, nor is any of the medical documentation shed light on an appropriate work up for esophageal reflux, only a patient stated history of such. An appropriate work up for esophageal reflux needs completed or documentation of gastritis following a trial of an NSAID needs completed. The request is not medically necessary at this time.