MAXIMUS Federal Services

Case Number:	CM14-0025978		
Date Assigned:	06/16/2014	Date of Injury:	07/23/2007
Decision Date:	07/16/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/28/2014

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 & Rehabiliation 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 patient is a 58 year old female who was injured on 07/23/2007. The mechanism of injury is unknown. RFA dated 02/05/2014 documented Naproxen sodium tablets, omeprazole delayed release, ondanestron, cyclobenzaprine were requested.Progress report dated 10/22/2013 documented the patient has continued with symptomology in her right knee. She has had injections which provided temporary relief of her pain. Objective findings on exam revealed tenderness at the right knee joint line and positive patellar compression test. There is a positive McMurray's sign. There is pain with terminal flexion with crepitus. Diagnoses are internal derangement of the right knee and left plantar fasciitis and right Achilles tendinitis and plantar fasciitis as a compensable consequence. The treatment and plan included surgical intervention and a request for the surgery.Prior utilization review dated 02/13/2014 states the request for cyclobenzaprine hydrochloride 7.5 mg #120 was not certified. Ondansetron ODT tablets 8mg #60 was not certified. Omeprazole delayed release capsules 20 mg #120 was not certified. Naproxen sodium tablets 550 mg #120 was not certified. These medications are not recommended after a knee arthroscopy has been performed. There is no substantial evidence to support these requests. The pain can be treated with over-the-counter medications, ice and elevation. There are no other reports for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE HYDROCHLORIDE TABLETS 7.5MG #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE (FLEXERIL) Page(s): 41-42.

Decision rationale: According to the CA MTUS guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The addition of cyclobenzaprine to other agents is not recommended. The medical records document the patient was diagnosed with internal derangement of the right knee, left planter fasciitis, and right Achilles tendinitis and planter fasciitis. In the absence of documented muscle spasm in the submitted medical records, and in the absence of documented trial of first line treatment, the request is not medically necessary according to the guidelines.

ONDANSETRON ODT TABLETS 8MG #60;: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Antiemetics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN, ANTIEMETICS (FOR OPIOID NAUSEA).

Decision rationale: The CA MTUS guidelines do not addressed the issue in dispute. According to the ODG, Ondansetron is recommended nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis. The medical records document the patient was diagnosed with internal derangement of the right knee, left planter fasciitis, and right Achilles tendinitis and planter fasciitis. In the absence of documented vomiting secondary to chemotherapy and radiation treatment, recent surgical intervention, or gastroenteritis, the request is not medically necessary according to the guidelines.

OMEPRAZOLE DELAYED-RELEASE CAPSULES 20MG #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Proton pump inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68.

Decision rationale: According to the CA MTUS guidelines, Omeprazole is PPI which is recommended in patients who are at an intermediate risk for GI events. The medical records document the patient was diagnosed with internal derangement of the right knee, left planter

fasciitis, and right Achilles tendinitis and planter fasciitis. In the absence of documented history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulants, the request is not medically necessary according to the guidelines.

NAPROXEN SODIUM TABLETS 550MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 1021-1022.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS) Page(s): 67-69.

Decision rationale: According to the CA MTUS guidelines, Naproxen is NSAID which is recommended at the lowest dose for the shortest period in patients with moderate to severe pain in cases of knee and hip osteoarthritis. The medical records document the patient was diagnosed with internal derangement of the right knee, left planter fasciitis, and right Achilles tendinitis and planter fasciitis. In the absence of documented trials of lower doses of NSAIDs and in the absence of documentation of osteoarthritis, the request is not medically necessary according to the guidelines.