

<b>Case Number:</b>	CM14-0032557		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	11/08/2013
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 and is licensed to practice in Alabama. 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 44 year old male who was injured on 11/08/2013 when he kneeled into a squatting position. Prior medication history included Vicodin. Diagnostic studies reviewed include MRI of the right tibia and fibula without contrast from Truxtun Radiology dated 12/18/2013 which indicated an 8x5 cm hematoma along the medial proximal calf. Ortho consultation reported dated 01/14/2014 indicates the patient complained of severe pain in the right knee, leg and calf radiating to the rightlower calf region and right buttock. It is associated with numbness and tingling and a sensation of giving way and instability at the joint. The patient also complains of anxiety, depression, insomnia and nervousness. On exam, the patient can flex knee to 20 degrees. He has mild tenderness over the medial calf. Range of motion on the right in flexion and extension is from 20 to 70 degrees and on the left is 0 to 110 degrees. Spring sign is positive. Diagnoses are right knee medial meniscus tear, causing a locked knee; anxiety; insomnia; obesity; resolved hematoma of the right calf and resolved sprain/strain of the right thigh. The patient was given Norco, Prilosec 20 mg, Keflex 500 mg, and Xanax 1 mg. Prior utilization review dated 02/14/2014 states the request for Prilosec 20 mg #90 was not authorized as criteria of medical necessity was not met and Xanax 1mg #60 was not certified as medical necessity has not been proven with clinical documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg #90:** 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 (PPIs).

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

**Decision rationale:** The above MTUS guidelines state that regarding NSAIDS, GI symptoms & cardiovascular risk to "determine if the patient is at risk for gastrointestinal events (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." Consultation note on 1/14/14 does not document any history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids or high does/multiple NSAID, nor is the patient >65 years old. Therefore the patient is not a candidate for a PPI such as Prilosec. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

**Xanax 1mg #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, Anxiety medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The above MTUS guidelines state that benzodiazepines are "not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks... A more appropriate treatment for anxiety disorder is an antidepressant." The guidelines do not report sleep as an indication for benzodiazepine use as it was the way it was ordered in this case. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.