

Case Number:	CM14-0046063		
Date Assigned:	07/02/2014	Date of Injury:	09/17/2008
Decision Date:	09/30/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/14/2014

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 Occupational 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:

The patient is a 40-year-old female who has submitted a claim for internal derangement of the left knee status post 3 surgical interventions including shrinkage of the ACL, internal derangement of the right knee with MRI showing meniscus tear, and lumbar disc disease with facet inflammation at L5-S1 associated with an industrial injury date of September 17, 2008. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of knee pain. Physical examination revealed tenderness along the joint line on the right and left knee along with mild instability. Examination of the lumbar area revealed extension to 15 degrees and flexion to 70 degrees. Examination of the right knee revealed absence of laxity on varus and valgus testing, negative anterior drawer, Lachman and McMurray tests, and absence of tenderness along the patella and joint line. Examination of the left knee revealed 1+ Lachman and 2+ anterior drawer tests. McMurray was positive medially. Patellar tilt test was equivocal. There was tenderness along the inner and outer patella and tenderness along the inner joint line with negative compression inhibition test. Treatment to date has included medications, knee brace, TENS unit, and hot/cold wraps. Utilization review from March 26, 2014 denied the request for Protonix 20mg #60 99070, Flexeril 7.5mg #60 99070 and Naproxen 550mg #60 99070. The request for Naproxen was denied because the documents submitted did not indicate the patient's pain level upon assessment and the re-evaluation for naproxen use mentioned in the documentation was not submitted. The request for Protonix was denied because the request for Naproxen was not certified. The request for Flexeril was denied because the patient did not have documented lower back pain or muscle spasm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg #60 99070: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68.

Decision rationale: According to page 68 of the CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors, such as omeprazole, are indicated in patients taking NSAIDS who are also at intermediate risk for gastrointestinal events and no cardiovascular disease. GI and cardiovascular risk factors include: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. In this case, the records provided do not document any GI complaint or evidence that the patient was at intermediate risk for gastrointestinal events. Moreover, the request for Naproxen was not certified. Therefore, the request for Protonix 20mg #60 99070 is not medically necessary.

Flexerll 7.5mg #60 99070: Upheld

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

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

Decision rationale: According to pages 41-42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is a sedating muscle relaxant recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). It is recommended as an option using a short course therapy. The effect is greatest in the first four days of treatment, suggesting that shorter courses may be better. In this case, the UR mentioned the patient had been taking Flexeril since at least February 25, 2014. This period is more than 2 weeks, which is the guideline recommended limit. Therefore, the request for Flexerll 7.5mg #60 99070 is not medically necessary.

Naproxen 550mg #60 99070: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen, NSAIDs Page(s): 66, 67.

Decision rationale: According to page 66 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Naproxen is a nonsteroidal anti-inflammatory drug (NSAID) recommended at the lowest dose for the shortest period in patients with moderate to severe pain, and that there is no evidence of long-term effectiveness for pain or function. In this case, records show that the patient had been taking this medication since at least February 25, 2014. Long-term treatment is not recommended by the guidelines. There was no documentation concerning pain relief and functional improvement derived from its use. Therefore, the request for Naproxen 550mg #60 99070 is not medically necessary.