

Case Number:	CM14-0062966		
Date Assigned:	07/11/2014	Date of Injury:	03/21/2000
Decision Date:	09/15/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/05/2014

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, Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 56-year-old male who reported an injury on 03/21/2000. The mechanism of injury was not provided for clinical review. The diagnosis included internal derangement of the right knee. The previous treatments included medication, surgery and physical therapy. Within the clinical note dated 04/03/2014, it was reported the injured worker complained of right lower extremity fatigue and the gets stiff. He reported pain rated 4/10 in severity with numbness on the right lower extremity. Upon the physical examination, the provider noted the injured worker to have tenderness to palpation at the distal quad and medial knee. He indicated the injured worker had tightness on the right IT band. The range of motion was extension at 0 degrees, flexion at 125 degrees. The requested submitted is for Flexeril, Protonix, LidoPro cream, and Terocin. However, a rationale was not provided for clinical review. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 64.

Decision rationale: The request for Flexeril 7.5 mg #60 is not medically necessary. The California MTUS Guidelines recommend nonsedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic low back pain. The guidelines note the medication is not recommended to be used for longer for than 2 to 3 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. The injured worker has been utilizing the medication since at least 01/2014, which exceeds the guidelines recommendation of short term use of 4 to 12 weeks. Therefore, the request is not medically necessary.

Protonix 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), gastrointestinal symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The request for Protonix 20 mg #60 is not medically necessary. The California MTUS Guidelines note proton pump inhibitors, such as Protonix, are recommended for injured worker who are at risk for gastrointestinal events and or cardiovascular disease. Risk factors for gastrointestinal events include, over the age 65, history of peptic ulcer, gastrointestinal bleeding or perforation, use corticosteroids and/or an anticoagulants. In the absence of risk factors for gastrointestinal bleeding, guidelines note proton pump inhibitors are not indicated when taking NSAIDs. The treatment of dyspepsia from NSAID use includes stopping the NSAID, switching to a different NSAID or adding an H2 receptor antagonist or proton pump inhibitor. There is lack of documentation indicating the efficacy of the medication as evidence by significant functional improvement. The request submitted failed to provide the frequency of the medication. There is lack of documentation indicating the injured worker had a history of peptic ulcer or gastrointestinal bleed. Additionally, there is lack of documentation indicating the injured worker had a diagnosis of dyspepsia secondary to NSAID therapy. Therefore, the request is not medically necessary.

LidoPro Cream, one bottle: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 111-112.

Decision rationale: The request for LidoPro cream 1 bottle is not medically necessary. The California MTUS Guidelines notes topical NSAIDs are recommended for the use of osteoarthritis and tendinitis, in particular that of the knee and/or elbow and other joints that are

amenable. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker has been utilizing the medication since at least 01/2014, which exceeds the guidelines recommendation of short term use of 4 to 12 weeks. Therefore, the request is not medically necessary.

Terocin Patches, #20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 111-112.

Decision rationale: The request for Terocin patches #20 is not medically necessary. The California MTUS Guidelines notes topical NSAIDs are recommended for the use of osteoarthritis and tendinitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker has been utilizing the medication since at least 01/2014, which exceeds the guidelines recommendation of short term use of 4 to 12 weeks. Therefore, the request is not medically necessary.