

Case Number:	CM14-0063733		
Date Assigned:	07/11/2014	Date of Injury:	04/23/2013
Decision Date:	10/02/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/06/2014

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 & Rehabilitation, has a subspecialty in 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 57-year-old male who reported an injury on 04/23/2013 due to a lifting injury. On 01/21/2014, the injured worker presented with complaints of pain in the bilateral knee. Current medications include naproxen. Upon examination of the lumbar spine, there was paravertebral muscle tenderness and spasm, and tenderness over the L3, L5, S1, and S2 spinous process. The injured worker walked with an antalgic gait and had difficulty toe walking, heel walking, kneeling, and squatting. Examination of the knees revealed crepitation with the patellofemoral, quadriceps weakness and effusion with a positive McMurray's. The diagnoses were arthroscopy partial meniscectomy of the right knee, snapping of the right hip, possible chondromalacia of the hip, or impingement syndrome of the right hip, and left knee traumatic synovitis. The provider recommended Anaprox and Norflex, the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550 mg. # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatories (NSAIDs) Page(s): 67-68,71,73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 70.

Decision rationale: The request for Anaprox 550 mg. # 60 is not medically necessary. The California MTUS Guidelines state that all NSAIDs are associated with risk of cardiovascular events including MI, stroke, or onset and worsening of pre-existing hypertension. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual treatment goals. There is lack of evidence in the medical records providing a complete and adequate pain assessment and efficacy of the prior use of the medication was not provided. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.

Norflex 100 mg. # 160: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64,65.

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

Decision rationale: The request for Norflex 100 mg. # 160 is not medically necessary. The California MTUS recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations. They show no benefit beyond NSAIDs in pain and overall improvement, and efficacy appears to diminish over time. Prolonged use of some medications in this class may lead to dependence. The provider's request for Norflex 100 mg with a quantity of 160 exceeds the guideline recommendation of short term treatment. Additionally, the efficacy of the prior use of the medication was not provided. The provider's request did not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.