

Case Number:	CM14-0069542		
Date Assigned:	07/14/2014	Date of Injury:	10/06/2011
Decision Date:	12/26/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/14/2014

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, has a subspecialty in Interventional Spine 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 59-year old female with an injury date on 10/06/2011. Based on the 12/20/2013 progress report provided by the treating physician, the diagnoses are: 1. Tear medial and lateral meniscus, right knee 2. Chondromalacia patella, left knee 3. Musculoligamentous sprain of the lumbar spine with right lower extremity and radiculitis 4. Disc bulge T11-T12 (2mm), L1-2 (2mm), L2-3(2-3mm), L3-4 (2mm) and L5-S1 (2-3mm) 5. Osteoarthritis, right knee 6. Status post arthroscopy, right knee, with partial medial and lateral meniscectomy According to this report, the patient complains of occasional right knee stiffness, popping, and clicking, occasional left knee pain, mid back, and low back pain. Objective finding indicates "tender over lower thoracic spine. The patient indicates that "taking these medications these do help." There were no other significant findings noted on this report. The utilization review denied the request for Omeprazole 20mg #30, Ibuprofen 800mg #100, and Cyclobenzaprine 10mg #30 based on the MTUS guidelines. The requesting physician provided treatment reports from 11/11/2013 to 12/20/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitor.

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

Decision rationale: According to the 12/20/2013 report, this patient presents with occasional bilateral knee pain, mid back, and low back pain. Per this report, the current request is for Omeprazole 20mg #30. The most recent progress report is dated 12/20/2013 and the utilization review letter in question is from 04/25/2014. Omeprazole was first mentioned in the 11/11/2013 report; it is unknown exactly when the patient initially started taking this medication. The MTUS page 69 states under NSAIDs prophylaxis to discuss; GI symptoms & cardiovascular risk and recommendations are with precautions as indicated below. "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. 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)." MTUS further states "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. Review of reports show that the patient is currently on Ibuprofen (a NSAID) and has no gastrointestinal side effects with medication use. The patient is not over 65 years old; no other risk factors are present. The treating physician does not mention if the patient is struggling with GI complaints and why the medication was prescribed. There is no discussion regarding GI assessment as required by MTUS. MTUS does not recommend routine use of GI prophylaxis without documentation of GI risk. Therefore, Omeprazole 20mg #30 is not medically necessary.

Ibuprofen 800mg #100: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Anti-inflammatory medications Page(s): 22.

Decision rationale: According to the 12/20/2013 report, this patient presents with occasional bilateral knee pain, mid back, and low back pain. Per this report, the current request is for Ibuprofen 800mg #100. The most recent progress report is dated 12/20/2013 and the utilization review letter in question is from 04/25/2014. The MTUS Guidelines page 22 reveal the following regarding NSAID's, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." Review of reports show the patient has been prescribed Ibuprofen since 11/11/2013 and it is unknown exactly when the patient initially started taking this medication. The physician indicates that the patient is "taking these medications these do help." The request Ibuprofen appears reasonable and consistent with MTUS guidelines. Therefore, Ibuprofen 800mg #100 is medically necessary.

Cyclobenzaprine 10mg #30: Upheld

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

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

Decision rationale: According to the 12/20/2013 report, this patient presents with occasional bilateral knee pain, mid back, and low back pain. Per this report, the current request is for Cyclobenzaprine 10mg #30. The most recent progress report is dated 12/20/2013 and the utilization review letter in question is from 04/25/2014. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. Review of available records indicates this patient has been prescribed this medication longer than the recommended 2-3 weeks. The physician is requesting Cyclobenzaprine #30 and this medication was first noted in the 11/11/2013 report. Cyclobenzaprine is not recommended for long term use. The physician does not mention that this is for a short-term use to address a flare-up or an exacerbation. Therefore, Cyclobenzaprine 10mg #30 is not medically necessary.