

<b>Case Number:</b>	CM13-0033275		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	08/20/2012
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	09/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2013

### 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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Georgia. 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 male presenting with a work-related injury on August 20, 2012. On August 19, 2013 the patient complained of low back pain and left leg sciatica pain in the medial aspect of the left knee. The patient also reported issues with weight, depression, and anxiety. The physical exam was significant for tenderness and loss of the spinal rhythm in the lumbar spine and needs, tenderness also noted over the medial aspect of the left knee, range of motion of the bilateral knees is zero - 130, motor strength is five out of five throughout his right lower extremity and four out of five in the hip flexors and knee extensors on the left, as well as strength in the left great toe extensors and foot evertors at 5/5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 times per week for 8 weeks for left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 99.

**Decision rationale:** Physical therapy 3 times per week for 8 weeks for left knee is not medically necessary. Page 99 of CA MTUS states " physical therapy should allow for fading of treatment

frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. For myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks, neuralgia, neuritis, and radiculitis, unspecified (ICD-9 729.2) 8-10 visits over 4 weeks is recommended." The claimant's medical records did not address prior physical therapy visits for this chronic issue. Additionally, there is lack of documentation that the claimant participated in active self-directed home physical medicine to maximize his benefit. Therefore, the requested service is not medically necessary.

**Cyclobenzaprine 7.5 mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 68.

**Decision rationale:** Cyclobenzaprine 7.5mg #90 is not medically necessary. The peer-reviewed medical literature does not support long-term use of Cyclobenzaprine in chronic pain management. Additionally, Per CA MTUS Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. As per MTUS, the addition of Cyclobenzaprine to other agents is not recommended. Therefore, this request for Cyclobenzaprine is not medically necessary.

**Omeprazole 20 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS,GI SYMPTOMS,CARDIOVASCULAR RISK.

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

**Decision rationale:** Omeprazole 20mg #60 is not medically necessary. CA MTUS does not make a direct statement on proton pump inhibitors (PPI) but in the section on NSAID use page 67. Long term use of PPI, or misoprostol or Cox-2 selective agents have been shown to increase the risk of Hip fractures. CA MTUS does state that NSAIDs are not recommended for long term use as well and if there possible GI effects of another line of agent should be used for example acetaminophen. Therefore, the requested medication is not medically necessary.