

<b>Case Number:</b>	CM14-0196888		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	07/15/2013
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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:

Patient is a 64 year-old male with date of injury 07/15/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/14/2014, lists subjective complaints as pain in the left knee and bilateral shoulders. Objective findings: Examination of the bilateral shoulders revealed tenderness to palpation and spasm. Range of motion was restricted in all planes. Examination of the left knee revealed tenderness to palpation and spasm. Range of motion was limited. No other physical examination findings were documented by the provider. Diagnosis: 1. Left knee internal derangement 2. Bilateral shoulders tear. Original reviewer modified medication request from Prilosec 20mg, #60 to quantity #30. There was no documentation in the records supplied for review to suggest the patient has had any previous knee injections. The medical records provided for review document that the patient has been taking the following medication for at least as far back as six months. Medication: 1. Prilosec 20mg, #60 SIG: po bid qd 2. Flexeril 5mg, #90 SIG: 1 tab po tid.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg #60:** Upheld

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

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

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (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. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor Omeprazole. Therefore, this request is not medically necessary.

**Flexeril 5mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 41.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

**Decision rationale:** The MTUS Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants such as Cyclobenzaprine. The patient has been taking Cyclobenzaprine for an extended period, long past the 2-3 weeks recommended by the MTUS. Cyclobenzaprine is not medically necessary.

**Sterile injection, left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines- knee injections

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Hyaluronic acid injections.

**Decision rationale:** The Official Disability Guidelines contain numerous criteria which must be met prior to recommending hyaluronic acid injections to the knee. The primary consideration, and the only diagnosis for which injections are recommended by the ODG, is a diagnosis of osteoarthritis of the knee. In addition, the ODG requires the patient to be suffering from knee pain and to satisfy at least 5 of 9 other criteria as well. The medical record does not contain the necessary documentation to enable recommendation of hyaluronic acid injections to the knee. Therefore, this request is not medically necessary.