

Case Number:	CM14-0203943		
Date Assigned:	12/16/2014	Date of Injury:	10/19/2007
Decision Date:	02/06/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/05/2014

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 Rehab, 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 61 year old male with the injury date of 10/19/07. Per physician's one report 11/06/14, the patient has left knee pain at 8-9/10. His left knee pain is aggravated when going up/down stairs and when moving around to bend or extend his left leg especially when sleeping. He has difficulty bending his knee when sitting and he limps when walking. He uses a bandage, takes medication and applies ice packs to relieve the pain. The patient is currently taking Naproxen, Flexeril, Simvastatin and Fluoxetine. The patient is currently not working. The diagnosis is Internal Derangement of Knee Not Otherwise Specified. The utilization review determination being challenged is dated on 11/21/14. One treatment report was provided on 11/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); Medication for chronic pain Page(s): 67-68; 60.

Decision rationale: The patient presents with pain in his left knee. The request is for Naproxen Sodium 550mg #30. The patient has been utilizing this medication prior to 11/06/14. MTUS guidelines page 67 and 68 recommend NSAIDs (non-steroidal anti-inflammatory drugs) as an option for short-term symptomatic relief. NSAIDs are effective for chronic LBP, MTUS also states. In this case, there are no reports that specifically discuss this request. There is no indication of how Naproxen has been helpful in terms of decreased pain or functional improvement. None of the reports included in this file discuss medication efficacy. MTUS page 60 requires recording of pain and function when medications are used for chronic pain. Given the lack of sufficient documentation demonstrating efficacy for chronic NSAIDs use, the request is not medically necessary.

Omeprazole DR 20mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

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

Decision rationale: The patient presents with pain in his left knee. The request is for Omeprazole DR 20mg #30 with 2 refills. The patient has been utilizing this medication prior to 11/06/14. MTUS guidelines page 69 recommend prophylactic use of PPI's when appropriate GI assessments have been provided. The patient must be determined to be at risk for GI events, such as age > 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). In this case, the treating physician does not provide any GI assessment to determine whether or not the patient would require prophylactic use of PPI. There is no documentation of any GI problems such as GERD or gastritis to warrant the use of PPI either. The request is not medically necessary.

Orphenadrine ER 100mg #60 with 2 refills: 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): 63-64.

Decision rationale: The patient presents with pain in his left knee. The request is for Orphenadrine ER 100mg #60 with 2 refills. Regarding muscle relaxants, the MTUS Guidelines page 63 state, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." ACOEM guidelines page 47 states, "Muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit, although they have been shown to be useful as antispasmodics... They may hinder return to function by reducing the patient's motivation or ability to increase activity."

Regarding Orphenadrine, MTUS page 65 states that it is similar to diphenhydramine, but has greater anticholinergic effects and side effects include drowsiness, urinary retention and dry mouth. "Side effects may limit use in the elderly. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects." MTUS cautions its use due to its drowsiness and potential misuse. Long-term use of this medication is not supported by MTUS. Given that the treating physician has prescribed this medication for long term use, the request of Orphenadrine is not medically necessary.