

<b>Case Number:</b>	CM14-0205484		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	04/17/2013
<b>Decision Date:</b>	02/05/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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 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:

This 55 year-old patient sustained an injury on 4/17/13 while employed by [REDACTED]. Request(s) under consideration include Naproxen sodium 550 mg #90, Pantoprazole 20 mg #90, and Cyclobenzaprine 7.5 mg #90. Diagnoses include right knee meniscal tear with probable partial ACL tear and arthropathy, s/p left knee arthroscopy on 1/29/14, and lumbar myofascial pain. Conservative care has included medications, therapy, TENS, home exercise, cold/heat, and modified activities/rest. The patient continues to treat for chronic ongoing symptom complaints. Exam per report from the provider noted unchanged findings of tenderness at medial and lateral joint line; crepitus with limited painful range of motion of 10/80 degrees. Treatment included continuing medications. Medications list Cyclobenzaprine, Hydrocodone, Naproxen and Pantoprazole. UDS dated 7/31/14 noted inconsistent findings, negative for prescribed Hydrocodone without change in treatment regimen. UDS report of 10/27/14 showed positive Hydrocodone results. The request(s) for Naproxen sodium 550 mg #90, Pantoprazole 20 mg #90, and Cyclobenzaprine 7.5 mg #90 were non-certified on 12/5/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen sodium 550 mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22.

**Decision rationale:** 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. Monitoring of the NSAID's functional benefit is advised as long term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have not adequately addressed the indication to continue this NSAID for neither this chronic 2013 injury nor its functional efficacy derived from treatment already rendered. There is no report of acute flare or new injuries. NSAID is a second line medication after use of acetaminophen. The request for Naproxen sodium 550 mg #90 is not medically necessary and appropriate.

**Pantoprazole 20 mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk Page(s): 68-69.

**Decision rationale:** Pantoprazole medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Lansoprazole namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The request for Pantoprazole 20 mg #90 is not medically necessary and appropriate.

**Cyclobenzaprine 7.5 mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 128.

**Decision rationale:** Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 2013. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its

previous treatment to support further use as the patient remains unchanged. The request for Cyclobenzaprine 7.5 mg #90 is not medically necessary and appropriate.