MAXIMUS Federal Services

Case Number:	CM15-0003277		
Date Assigned:	01/14/2015	Date of Injury:	02/18/2009
Decision Date:	03/17/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/07/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: New York, Tennessee
Certification(s)/Specialty: Emergency Medicine

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 injured worker is a 59 year old female, who sustained an industrial injury on February 18, 2009. The mechanism of injury was a fall down steps landing on her knees. The diagnoses have included lumbar facet arthropathy, status post right total knee arthroplasty and chronic left knee pain possibly due to advanced osteoarthritis. Treatment to date has included medication management, MRI's of the lumbar spine and bilateral knees, an uploader brace, physical therapy, a Synvisc injection, medial branch block, a right total knee arthroplasty on April 23, 2011 and left knee surgery, unspecified, on April 23, 2010. A progress note dated July 21, 2014 notes that the injured worker reported bilateral knee pain, low back pain and neck pain. She rated the pain level at a four out of ten on the Visual Analogue Scale with medications. Physical examination revealed the injured worker walked with a limp and used a cane for assistance with walking. The injured worker had paravertebral muscles spasms and tenderness over the lower lumbar spine. She also had parapatellar tenderness on the left side. On December 11, 2014 Utilization Review modified the requests for Omeprazole 20 mg #60, Parafon forte # 50 with 2 refills and Motrin 600 mg # 60 with 2 refills. The MTUS, Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines, were cited. On January 7 2015, the injured worker submitted an application for IMR for review of the modified requests for Omeprazole 20 mg #30, Parafon forte # 30 with 2 refills and Motrin 600 mg # 60 with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg, QTY: 60: Upheld

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

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

Decision rationale: Omeprazole is a proton pump inhibitor (PPI). PPIs are used in the treatment of peptic ulcer disease and may be prescribed in patients who are using non-steroidal anti-inflammatory drugs and are at high risk for gastrointestinal events. Risk factors for high-risk events are age greater than 65, 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). The patient in this case was using NSAID medication, but did not have any of the risk factors for a gastrointestinal event. The request should not be authorized.

Motrin 600mg, QTY: 60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, specific d.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 67-68.

Decision rationale: Motrin is ibuprofen, a nonsteroidal anti-inflammatory drug (NSAID). Chronic Medical Treatment Guidelines state that anti-inflammatory drugs are the traditional first line of treatment, but long term use may not be warranted. For osteoarthritis it was recommended that the lowest dose for the shortest length of time be used. It was not shown to be more effective that acetaminophen, and had more adverse side effects. Adverse effects for GI toxicity and renal function have been reported. Medications for chronic pain usually provide temporary relief. Medications should be prescribed only one at a time and should show effect within 1-3 days. Record of pain and function with the medication should be documented. In this case the patient had been receiving NSAID medication since at least August 2014 without relief. The duration of treatment increases the risk of adverse effects with little benefit. The request should not be authorized.

Parafon forte #50 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Chlorzoxazone

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 63-65.

Decision rationale: Parafon Forte is the muscle relaxant chlorzoxasone. This drug works primarily in the spinal cord and the subcortical areas of the brain. The mechanism of action is unknown but the effect is thought to be due to general depression of the central nervous system. Advantages over other muscle relaxants include reduced sedation and less evidence for abuse. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment (less than two weeks) of acute exacerbations 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 show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. In this case the requested quantity of medication is sufficient for at least 90 days. The duration of treatment surpasses the recommended short-term duration of two weeks. The request should not be authorized.