MAXIMUS Federal Services

Case Number:	CM15-0005418		
Date Assigned:	01/16/2015	Date of Injury:	09/14/2012
Decision Date:	03/23/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/10/2015

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: California, Arizona
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54-year-old male who reported an injury on 09/14/2012, due to cumulative trauma. On 01/16/2015, he presented for an evaluation, stating that he had pain located in the left knee, largely anteriorly and slightly laterally upon full extension. He also had an occasional grind sensation. He rated his pain at a 6/10, but stated that it was more severe with activities that require weightbearing. A physical examination of the left knee showed 5/5 strength throughout the lower extremities. There were no abnormalities noted, other than swelling on examination. There was tenderness to palpation around the left knee and positive effusion. Range of motion was documented as 0 degrees to 90 degrees. Testing for knee joint stability was noted to be normal, with the exception of a present McMurray's and Apley's grind, patellar mechanism inhibition, and apprehension. He was diagnosed with left knee pain; osteoarthritis aggravated pre-existing OA secondary to internal derangement; and right knee sprain, resolved. The treatment plan was for methocarbamol 750 mg #30 and omeprazole 20 mg #60. The rationale for treatment was not provided, and information regarding his other medications was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methocarbamol 750mg #30: 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): 63.

Decision rationale: According to the California MTUS Guidelines, muscle relaxants are only recommended for short term treatment as a second line option for those with chronic low back pain. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the left knee. However, there is a lack of documentation indicating that the injured worker has had a quantitative decrease in pain or an objective improvement in function with the use of this medication to support its continuation. Also, it is unclear how long he has been using this medication. Without this information, continuing would not be supported, as it is only recommended for short term treatment. Furthermore, the frequency of the medication was not provided within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Omeprazole 20mg #60: 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 risks Page(s): 67-69.

Decision rationale: According to the California MTUS Guidelines, proton pump inhibitors are recommended for those who are at high risk for gastrointestinal events or who have dyspepsia secondary to NSAID therapy. Based on the clinical documentation submitted for review, the injured worker was not noted to have dyspepsia secondary to NSAID therapy, and was not noted to be at high risk for gastrointestinal events due to NSAID therapy. Without this information, continuing this medication would not be supported. Also, the frequency of the medication was not provided within the request. Therefore, the request is not supported. As such, the request is not medically necessary.