

Case Number:	CM15-0009059		
Date Assigned:	01/30/2015	Date of Injury:	06/04/2011
Decision Date:	03/25/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/15/2015

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, Hawaii
 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 57-year-old male, who sustained an industrial injury on 6/4/2011. The diagnoses have included bilateral knee internal derangement, bilateral knee sprain/strain, right knee meniscal injury with status post surgical repair with persistent pain and left knee meniscal tear. Treatment to date has included pain medications, surgical intervention, and Transcutaneous Electrical Nerve Stimulation (TENS). According to the progress note dated 12/17/2014, the injured worker had ongoing pain in bilateral knees left greater than right. He noted that he had been experiencing more pain due to cold weather. Physical exam revealed that the injured worker used a cane for balance and had a slightly antalgic gait. The treatment plan noted that Norco, Flexeril and Prilosec had been denied; the injured worker was using over the counter Advil which had not been effective. He also continued to use Ketoprofen cream. Work status was modified with limitations of no pushing or pulling more than 10 pounds and no kneeling or squatting activities. The injured worker was awaiting knee surgery. On 1/2/2015, Utilization Review (UR) non-certified a request for Flexeril one daily #30, Prilosec one daily #30 and Norco three to four times a day #30, citing MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 1 Qd #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The IW presents with bilateral knee injuries. The current request is for Flexeril one tab per day, #30. No strength was requested as required by IMR guidelines. The MTUS guidelines support the usage of Cyclobenzaprine for a short course of therapy, not longer than 2-3 weeks. The IW has been prescribed this medication for 4 weeks. MTUS does not support on-going, long-term use of this medication. In addition, the medication strength has not been indicated. Medical necessity has not been met per MTUS guidelines, recommendation is for denial.

Prilosec 1 Qd #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, treatment of dyspepsia Page(s): 69.

Decision rationale: The IW presents with bilateral knee injuries. The current request is for Prilosec one tab per day. No strength is indicated in the IMR request as required. While the medication may be justified, medical necessity has not been established by IMR guidelines because no strength has been indicated in the request. Recommendation is for denial.

Norco 3-4 times a day #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 88-89.

Decision rationale: The IW presents with bilateral knee injuries. The current request is for Norco 3-4x per day. No strength is indicated in the IMR request as required. While the medication may be justified, medical necessity has not been established by IMR guidelines because no strength has been indicated in the request. Recommendation is for denial.