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| Case Number: | CM15-0107307 | | |
| Date Assigned: | 06/11/2015 | Date of Injury: | 05/31/2002 |
| Decision Date: | 07/14/2015 | UR Denial Date: | 05/06/2015 |
| Priority: | Standard | Application Received: | 06/03/2015 |

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
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 32 year old male, who sustained an industrial injury on 5/31/2002, while employed as a meat cutter. He reported back and knee problems. The injured worker was diagnosed as having painful left total knee replacement and end stage osteoarthritis of the right knee. Treatment to date has included diagnostics, left total knee replacement in 2011, arthroscopic left knee surgeries in 2010 and 2013, and medications. Currently (4/07/2015), the injured worker complains of increasingly severe knee pain, right greater than left. Computerized tomography of the right knee (2/23/2015) showed severe osteoarthritis, some degenerative meniscal tearing, and possible loose body in the posteromedial superior popliteal fossa. Physical exam of the right knee noted 1+ effusion and crepitus throughout full range of motion. He wished to proceed with right total knee replacement. His work status was total temporary disability. The treatment requested included Cyclobenzaprine, Protonix, and Keflex as post-operative medications. A previous progress report (4/02/2015), noted bilateral knee pain and low back pain, with rating of 9-10/10. Medication use included Hydrocodone, Tramadol ER, unspecified nonsteroidal anti-inflammatory drug, and unspecified proton pump inhibitor (PPI). It was documented that he had a history of gastrointestinal upset without PPI and recalled failed first line PPI. Cyclobenzaprine was currently used for spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative Cyclobenzaprine 10mg #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 Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: Flexeril is cyclobenzaprine, a muscle relaxant. As per MTUS guidelines, evidence show that it is better than placebo but is considered a second line treatment due to high risk of adverse events. It is recommended only for short course of treatment for acute exacerbations. There is some evidence of benefit in patients with fibromyalgia. Patient has been on this medication chronically. While patient reported improvement in muscle spasms on this medication, chronic use of flexeril is not recommended. Flexeril is not medically necessary.

Protonix 20mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain - Proton pump inhibitors (PPIs).

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

Decision rationale: Pantoprazole/Protonix is a proton-pump inhibitor (PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. As per MTUS guidelines, PPIs may be recommended in patients with dyspepsia or high risk for GI bleeding on NSAID. Patient is currently on NSAIDs with complaints of dyspepsia that has failed other PPI. Symptoms are controlled on Protonix. Continued use of Protonix is recommended and medically necessary.

Keflex 500mg #28: 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) - Infectious Disease - Cephalexin (Keflex).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bratzler DW, Dellinger EP, Olsen KM, Perl TM, Auwaerter PG, Bolon MK, Fish DN, Napolitano LM, Sawyer RG, Slain D, Steinberg JP, Weinstein RA. Clinical practice guidelines for antimicrobial prophylaxis in surgery. Am J Health Syst Pharm. 2013 Feb 1;70(3):195-283.

Decision rationale: There is no section in the MTUS Chronic pain, ACOEM or Official Disability Guidelines concerning this issue. Antibiotics may be given for postoperative

prophylaxis for infections. As per clinical practice guideline as quoted above, prophylactic antibiotics are usually only recommended as single dose or less than 24hours. The number of tablets prescribed is not appropriate and excessive. Keflex is not medically necessary.