

Case Number:	CM15-0130169		
Date Assigned:	07/21/2015	Date of Injury:	11/05/2014
Decision Date:	08/25/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/06/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 36 year old female who sustained an industrial injury on 11/05/2014 when she slipped on a wet floor. The injured worker was diagnosed with right knee capsular sprain, right patellofemoral mal-tracking and lateral patellar tilt, lumbar myoligamentous sprain/strain, bilateral L5-S1 radiculopathy and cervical myoligamentous sprain/strain. Treatment to date has included diagnostic testing with recent Electromyography (EMG)/Nerve Conduction Velocity (NCV) studies of the bilateral upper and lower extremities on May 11, 2015, conservative measures, physical therapy and medications. According to the primary treating physician's progress report on June 3, 2015, the injured worker continues to experience center, right mid and low back pain radiating down her right lower extremity to the knee with numbness and tingling of the right foot. The injured worker reports pain at the anteromedial right knee with popping but denies locking, catching or giving way. The injured worker also has numbness and tingling of the right upper extremity and hand including the ring and middle finger. Examination of the right knee demonstrated flexion at 120 degrees, 0 degrees extension with tenderness to palpation of the anteromedial and medial joint line and positive patellofemoral crepitus. There was no evidence of swelling or effusion. Drawer, Varus/Valgus and patellofemoral grind tests were negative with trace positive Lachman's test and equivocal McMurray's test. The cervical spine revealed tenderness to palpation of the right trapezius with right biceps strength at 4-5/5. Range of motion of the cervical spine demonstrated flexion at 60 degrees, left and right rotation at 60 degrees and lateral flexion 30 degrees bilaterally. Deep tendon reflexes revealed left biceps 2+, right biceps 1+ and triceps 2+ bilaterally. Examination of

the lumbar spine demonstrated tenderness to palpation at L4-sacrum, supraspinatus ligament T6-10 and right erector spinae. Flexion was noted at 45 degrees, extension at 20 degrees and bilateral lateral flexion at 25 degrees each. Left straight leg raise was documented to 70 degrees and right straight leg raise to 45 degrees. Bilateral motor strength was intact. Knee reflexes were 2+ bilaterally and Achilles 1+ bilaterally. Current medications were noted as Tylenol #3, Flexeril, Celebrex, Naprosyn and Omeprazole. Treatment plan consists of right knee magnetic resonance imaging (MRI), continuing medications, thoracic spine magnetic resonance imaging (MRI), acupuncture therapy and the current request for physical therapy twice a week for 4 weeks to the right knee, Flexeril, Naprosyn and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy treatments 2 times 4 to right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Physical Therapy.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In the absence of such documentation, the current request for physical therapy is not medically necessary.

Naprosyn 500mg qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72 of 127.

Decision rationale: Regarding the request for Naproxen (Naprosyn), Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest

period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Naproxen is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested Naproxen (Naprosyn) is not medically necessary.

Omeprazole 20mg qty 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors (PPIs).

Decision rationale: Regarding the request for omeprazole, California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested omeprazole is not medically necessary.

Flexeril 10mg qty 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66 of 127.

Decision rationale: Regarding the request for cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested cyclobenzaprine (Flexeril) is not medically necessary.