

Case Number:	CM15-0131462		
Date Assigned:	07/17/2015	Date of Injury:	04/15/2013
Decision Date:	08/21/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/07/2015

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: California

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 sustained an industrial injury on 04/15/2013. He has reported injury to the right knee and right ankle. The diagnoses have included tear of meniscus of knee; osteoarthritis of ankle, right; chronic pain; and status post diagnostic right knee arthroscopy and chondroplasty of medial femoral condyle, on 08/06/2014. Treatment to date has included medications, diagnostics, bracing, rest, TENS (transcutaneous electrical nerve stimulation) unit, injection, physical therapy, home exercise program, and surgical intervention. Medications have included Naproxen, Cyclobenzaprine, Flector Patch, and Ibuprofen. A progress note from the treating physician, dated 06/10/2015, documented a follow-up visit with the injured worker. The injured worker reported chronic right leg pain; the pain is located at the lateral aspect of the right knee and the right ankle; the pain is intermittent, dull, aching, and stabbing; aggravating factors include standing and walking; alleviating factors include rest; injection was not helpful; TENS unit helps reduce pain in the knee when sitting an lying down by 25%; and physical therapy helped to reduce knee pain, though increased calf pain. Objective findings included antalgic gait favoring the right; right knee flexors and right ankle dorsiflexors are graded 4/5 in motor strength; there is joint tenderness to palpation noted in the medial/lateral joint line right knee and right lateral malleolus. The treatment plan has included the request for Naproxen 500mg quantity: 60, refills: 5 (prescribed 06/10/15); and Cyclobenzaprine 10mg quantity: 30, refills: 5 (prescribed 06/10/15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 500mg Qty: 60 Refills: 5 (prescribed 6/10/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatories Page(s): 22.

Decision rationale: The patient presents with right leg pain. The request is for NAPROXEN 500MG QTY: 60 REFILLS: 5 (PRESCRIBED 6/10/15). The request for authorization is dated 06/11/15. The patient is status post right knee surgery, 08/06/14. X-ray of the right foot, 04/19/13, shows no osseous abnormalities identified. MRI of the right ankle, 10/07/13, shows moderate arthrosis of the fourth tarsometatarsal joint with mild subchondral changes. MRI of the right knee, 04/09/14, shows attenuated Grade III signal intensity of the posterior horn of the medial meniscus seen on sagittal image. Physical examination reveals tenderness to palpation medial/lateral joint line right knee and right lateral malleolus. The patient received approximately 24 sessions of physical therapy. TENS unit helps reduce pain in knee when sitting and lying down by 25%. Injection to right ankle prior to initial eval, not helpful. Patient continues with home exercise program with gradual improvement in activity tolerance. Patient is to continue using right knee offloading brace. Patient's medications include Cyclobenzaprine, Flector Patch, Ibuprofen, Lisinopril, Metformin, Naproxen and Simvastatin. Per progress report dated 06/10/15, the patient is on modified duty. MTUS Guidelines on anti-inflammatory page 22 states, "Anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long term use may not be warranted." Treater does not specifically discuss this medication. Patient has been prescribed Naproxen since at least 04/15/15. In this case, review of provided medical reports show no discussions on functional improvement and the effect of pain relief as required by the guidelines. For medication use in chronic pain, MTUS page 60 requires documentation of pain assessment and function as related to the medication use. There is lack of documentation regarding what Naproxen has specifically done for the patient's pain and function and why it is prescribed, as required by MTUS guidelines. Therefore, the request IS NOT medically necessary.

Cyclobenzaprine 10mg Qty: 30 Refills: 5 (prescribed 6/10/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

Decision rationale: The patient presents with right leg pain. The request is for CYCLOBENZAPRINE 10MG QTY: 30 REFILLS: 5 (PRESCRIBED 6/10/15). The request for authorization is dated 06/11/15. The patient is status post right knee surgery, 08/06/14. X-ray of the right foot, 04/19/13, shows no osseous abnormalities identified. MRI of the right ankle,

10/07/13, shows moderate arthrosis of the fourth tarsometatarsal joint with mild subchondral changes. MRI of the right knee, 04/09/14, shows attenuated Grade III signal intensity of the posterior horn of the medial meniscus seen on sagittal image. Physical examination reveals tenderness to palpation medial/lateral joint line right knee and right lateral malleolus. The patient received approximately 24 sessions of physical therapy. TENS unit helps reduce pain in knee when sitting and lying down by 25%. Injection to right ankle prior to initial eval, not helpful. Patient continues with home exercise program with gradual improvement in activity tolerance. Patient is to continue using right knee offloading brace. Patient's medications include Cyclobenzaprine, Flector Patch, Ibuprofen, Lisinopril, Metformin, Naproxen and Simvastatin. Per progress report dated 06/10/15, the patient is on modified duty. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." Treater does not specifically discuss this medication. Patient has been prescribed Cyclobenzaprine since at least 04/15/15. However, MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. The request for additional Cyclobenzaprine QTY: 30 with 5 refill would exceed MTUS recommendation and does not indicate intended short-term use. Therefore, the request IS NOT medically necessary.