

Case Number:	CM15-0136381		
Date Assigned:	07/24/2015	Date of Injury:	09/06/2013
Decision Date:	08/21/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/14/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 56 year-old female, who sustained an industrial injury on 9/6/13. She reported left knee pain and left ankle pain. The injured worker was diagnosed as having clinical evidence of a fifth metatarsal fracture of the left foot and clinical evidence of a medial meniscus tear of the left knee. Treatment to date has included medication. Physical examination findings on 6/4/15 included moderate intra-articular effusion of the knee, pain with palpation over the medial joint line, full knee range of motion, and a positive McMurray's sign. Left foot and ankle tenderness with swelling was noted. Anterior drawer signs and lateral stress testing were positive. The injured worker had been taking Orphenadrine and Omeprazole since at least 1/19/15. Currently, the injured worker complains of left knee pain, left foot pain, and left ankle pain. The treating physician requested authorization for physical therapy 3x4 for the left foot and left knee, Orphenadrine 100mg #60, and Omeprazole 20mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy three times per week for four weeks for the left foot and left knee: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work-related injury in September 2013 and continues to be treated for left knee and ankle pain. When seen, there was an antalgic gait. There was a moderate knee effusion with knee joint line tenderness and positive McMurray testing. There was ankle tenderness with full range of motion. Medications include Naprosyn. The claimant has dyspepsia due to oral NSAID use. Orphenadrine and Naprosyn are being prescribed on a long-term basis. The claimant is being treated for chronic pain with no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to determine whether continuation of physical therapy was likely to be effective. The request was not medically necessary.

Orphenadrine 100mg #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 (1) Muscle relaxants (for pain), p63 (2) Orphenadrine, p65 Page(s): 63, 65.

Decision rationale: The claimant sustained a work-related injury in September 2013 and continues to be treated for left knee and ankle pain. When seen, there was an antalgic gait. There was a moderate knee effusion with knee joint line tenderness and positive McMurray testing. There was ankle tenderness with full range of motion. Medications include Naprosyn. The claimant has dyspepsia due to oral NSAID use. Orphenadrine and Naprosyn are being prescribed on a long-term basis. A non-sedating muscle relaxant is recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, there is no identified new injury or exacerbation and orphenadrine is being prescribed on a long-term basis. There are no muscle spasms and the claimant is not being treated for low back pain. It was not medically necessary.

Omeprazole 20mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, p68-71 Page(s): 68-71.

Decision rationale: The claimant sustained a work-related injury in September 2013 and continues to be treated for left knee and ankle pain. When seen, there was an antalgic gait. There

was a moderate knee effusion with knee joint line tenderness and positive McMurray testing. There was ankle tenderness with full range of motion. Medications include Naprosyn. The claimant has dyspepsia due to oral NSAID use. Orphenadrine and Naprosyn are being prescribed on a long-term basis. Guidelines recommend consideration of a proton pump inhibitor for the treatment of dyspepsia secondary to NSAID therapy. In this case, the claimant continues to take Naprosyn at the recommended dose and has a history of gastrointestinal upset. Omeprazole was medically necessary.