

<b>Case Number:</b>	CM15-0138311		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	01/03/2015
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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: Family Practice

### 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 40-year-old male, who sustained an industrial injury on 1/03/2015. Diagnoses include full thickness ACL tear, left ankle sprain, contusion of left knee and lower leg and strain of left knee. Treatment to date has included conservative treatment consisting of diagnostics, bracing of the left knee, physical therapy (6 sessions), work restrictions, exercise, heat and cold application, a cane for ambulation and medications. Per the Primary Treating Physician's Progress Report dated 6/02/2015, the injured worker reported left knee and left ankle pain. He notes swelling off and on. He is scheduled for surgery on 6/05/2015. Physical examination of the left ankle revealed painful range of motion. Examination of the left knee revealed tenderness to palpation over the lateral joint line and medial joint line. Anterior drawer test is positive and Lachman test is 3A. He is temporarily totally disabled. The plan of care included ice and elevation and continuation of medication management and authorization was requested for Norflex 100mg #60, Naprosyn 550mg #60, and Prilosec 20mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norflex 100mg, #60 prescribed 6/2/15: 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 63-66.

**Decision rationale:** The MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The MTUS guidelines state that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond non-steroidal anti-inflammatory (NSAIDs) in pain and overall improvement. In addition, there is no additional benefit shown in combination with NSAIDs. The guidelines note that efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The long term use of muscle relaxants is not supported by the MTUS guidelines, and therefore the request for Norflex 100mg, #60 prescribed 6/2/15 is not medically necessary and appropriate.

**Prilosec 20mg, 1 tablet daily, #30, prescribed 6/2/15: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular risk Page(s): 68-69.

**Decision rationale:** The CA MTUS recommend using a proton pump inhibitor with prescribed NSAIDs for the patients at risk for gastrointestinal events. Recent studies have linked the use of this medication to an increased risk of fracture. The use of this medication should be limited to patients who are at a high risk of gastrointestinal events. The risk factors indicated are (1) age greater than 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of aspirin, corticosteroids, and/or an anticoagulant; or (4) high dose or multiple NSAID use, or NSAID with low dose aspirin use. The medical records note that the injured worker is being prescribed Naprosyn 550 mg #60, which is considered high dose. The request for Prilosec 20mg, 1 tablet daily, #30, prescribed 6/2/15 is medically necessary and appropriate.