

Case Number:	CM15-0022166		
Date Assigned:	02/27/2015	Date of Injury:	10/10/2013
Decision Date:	04/03/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/05/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 40 year old male injured worker suffered and industrial injury on 10/10/2013. The diagnoses were right knee meniscal tear, right shoulder internal derangement and lumbar disc protrusion. The diagnostic studies were magnetic resonance imaging of the right shoulder, cervical spine, lumbar spine and right knee. The treatments were physical therapy, chiropractic therapy and right knee arthroscopy. The treating provider reported right knee pain, right shoulder pain and low back pain. The Utilization Review Determination on 1/30/2015 non-certified: 1. Flexeril 10mg, #60, MTUS. 2. Prilosec 20mg, #90, MTUS. 3. Urine Toxicology, MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg, #60: 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); Muscle relaxants Page(s): 41; 64.

Decision rationale: The injured worker sustained a work related injury on 10/10/2013. The medical records provided indicate the diagnosis of right knee meniscal tear, right shoulder internal derangement and lumbar disc protrusion. Treatments have included physical therapy, chiropractic therapy and right knee arthroscopy. The medical records provided for review do not indicate a medical necessity for Flexeril 10mg, #60 Flexeril (Cyclobenzaprine) is a muscle relaxant. The MTUS recommends brief treatment (no longer than 2-3 weeks due to waning effect and increasing side effects. Therefore, the request is not medically appropriate.

Prilosec 20mg, #90: Upheld

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.

Decision rationale: The injured worker sustained a work related injury on 10/10/2013. The medical records provided indicate the diagnosis of right knee meniscal tear, right shoulder internal derangement and lumbar disc protrusion. Treatments have included Tramadol, Flexeril, Prilosec, Acetaminophen, physical therapy, chiropractic therapy and right knee arthroscopy the medical records provided for review do not indicate a medical necessity for Prilosec 20mg, #90. The only condition in the MTUS where proton pump inhibitors are recommended is when there is a risk for gastrointestinal event. Such condition exists if the individual is greater than 65 years; or has a history of peptic ulcer, Gastrointestinal bleeding or perforation; concurrent use of Aspirin, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. The records do not indicate the injured worker belongs to any of the groups. Therefore, the request is not medically appropriate.

Urine Toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: The injured worker sustained a work related injury on 10/10/2013. The medical records provided indicate the diagnosis of right knee meniscal tear, right shoulder internal derangement and lumbar disc protrusion. Treatments have included Tramadol, Flexeril, Prilosec, Acetaminophen, physical therapy, chiropractic therapy and right knee arthroscopy the medical records provided for review do not indicate a medical necessity for. The MTUS recommend the use of Urine drug test as an option, to assess for the use or the presence of illegal drugs. It is used in such treatments as, during a therapeutic Trial of opioids, or On-Going Management with opioids, the records indicate the injured worker was being treated with Tramadol, an opioid, but the Tramadol has been denied by the Utilization reviewer. Therefore, since the Tramadol has been determined not to be medically necessary, and since there is no

documentation evidence that the injured worker is at high risk for opioid abuse, the requested test is not medically necessary.