

<b>Case Number:</b>	CM15-0026287		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	10/29/2013
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2015

### 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, Arizona  
 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:

This injured worker is a 33-year-old male who reported an injury on 10/29/2013. The mechanism of injury was noted as a chunk of wood striking the left knee. Diagnoses include knee contusion 924.11 and pain 719.46. Past treatments have included cortisone injection, physical therapy, chiropractic care, bracing, medications, and activity modification. An MRI arthrogram from 09/24/2014 noted chondromalacia in the patellofemoral joint, but otherwise unremarkable. There is no pertinent surgical history. On 02/12/2015, the injured worker complained of constant, severe throbbing in the left knee. The Exam findings showed active flexion of 90 degrees, passive at 140 degrees, and extension 0 for both ranges. The chiropractic note of 01/08/2015 recorded muscle strength testing at 3-3+/5 and active flexion to 110 degrees with pain at end range, with a positive straight leg raise. Medications have included Norco, naprosyn and Tramadol. The request was for Orphenadrine Citrate, 100mg, quantity 90, and Pantopranazole, 20mg, quantity 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Request Orphenadrine Citrate 100mg #90 DOS: 12/4/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for Chronic Pain Page(s): 63-66.

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

**Decision rationale:** The records submitted for review indicate the injured worker had received Orphenadrine Citrate during the 12/04/2014 and 10/23/2014 visits. There is no follow up documentation noted of its efficacy, side effects, adherence, or improved daily function, rather in fact there seems to be an absence of improvement throughout the treatment record. The injured worker was also concurrently taking opioids in the form of Norco and Tramadol. The guidelines advise that muscle relaxants such as Orphenadrine Citrate are not recommended for long term use as efficacy diminishes over time, and are primarily indicated for treatment of acute exacerbations of chronic low back pain. As such, the request is not medically necessary.

**Retrospective Request for Pantoprazole 20mg # 60 DOS: 12/04/14: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, cardiovascular symptoms and GI risk Page(s): 68-69.

**Decision rationale:** There is an absence of gastrointestinal complaints in any of the documentation submitted, despite the use of NSAIDS. There are no precipitating factors noted that indicate an increased risk of gastrointestinal degradation at this time, that would give rise to use prophylactically. The medical necessity for pantopranazole is not established.