Case Number:	CM15-0028754		
Date Assigned:	02/20/2015	Date of Injury:	03/26/2014
Decision Date:	04/03/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/17/2015

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: New Jersey, New York
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 45 year old male who sustained an industrial related injury on 3/26/14 due to a slip and fall accident. The injured worker had complaints of intermittent left elbow pain, occasional low back pain, and occasional right knee pain. Diagnoses included bilateral S1 radiculopathy, status post L5 laminectomy aggravated by antalgic limp on the right knee, traumatic patellar dislocation with chronic instability, and left elbow lateral epicondylitis. Treatment included a knee brace and physical therapy. The treating physician requested authorization for Flexeril 10mg #60, Voltaren 100mg #30, and Prilosec 20mg #90. On 1/12/15 the requests were non-certified. Regarding Flexeril, the utilization review (UR) physician cited the Medical Treatment Utilization Schedule (MTUS) guidelines and noted there was no documentation of exacerbation of low back and muscle spasms. Therefore the request was non-certified. Regarding Voltaren, the UR physician cited the MTUS guidelines and noted there was no documentation of objective functional improvement with prior use. Therefore the request was non-certified. Regarding Prilosec, the UR physician cited the MTUS guidelines and noted there was no documentation of gastrointestinal upset. Therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg #60, dispensed 11/28/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: The use of flexeril is medically unnecessary. It is indicated for short-term use with best efficacy in the first four days. The effect is modest and comes with many adverse side effects including dizziness and drowsiness. The use of flexeril with other agents is not recommended. Functional improvement was not clearly documented. This muscle relaxant is useful for acute exacerbations of chronic lower back pain. Therefore, continued use is considered not medically necessary.

Voltaren 100 mg #30, dispensed 11/28/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

Decision rationale: The request for Voltaren is not medically necessary. As per MTUS guidelines, NSAIDs are recommended for short-term symptomatic relief of back pain. The patient also has knee and elbow pain. MTUS guidelines state that NSAIDS may not be as effective as other analgesics. Chronic NSAID use can potentially have many side effects including hypertension, renal dysfunction, and GI bleeding. There was no objective documentation of functional improvement. Therefore, the request is considered not medically necessary.

Prilosec 20 mg #90, dispensed 11/28/14: 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: PPIs; NSAIDs, GI symptoms.

Decision rationale: The request for Prilosec is not medically necessary. There is no documentation of GI risk factors or history of GI disease requiring PPI prophylaxis. The use of prophylactic PPI's is not required unless he is on chronic NSAIDs which has not been approved. There was no documentation of GI symptoms that would require a PPI. Long term PPI use carries many risks and should be avoided. Therefore, this request is considered medically unnecessary.