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| Case Number: | CM15-0217061 | | |
| Date Assigned: | 11/06/2015 | Date of Injury: | 06/27/2013 |
| Decision Date: | 12/18/2015 | UR Denial Date: | 10/29/2015 |
| Priority: | Standard | Application Received: | 11/04/2015 |

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: 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 48 year old male sustained an industrial injury on 6-27-13. Documentation indicated that the injured worker was receiving treatment for left knee pain. Previous treatment included left knee surgery, physical therapy and medications. Two PR-2s were submitted for review. In a PR-2 dated 6-9-15, the injured worker reported that he continued to have "some" pain in the left knee, especially with walking. The injured worker reported "some" acute spasms of the left knee quadriceps. Physical exam was remarkable for left knee with tenderness to palpation, decreased sensation, "acute" spasms, "normal strength" and positive McMurray's test. The treatment plan included a left knee brace and continuing medications (Naproxen Sodium, Omeprazole, Flexeril, Neurontin and Lidopro) and requesting Menthoderm gel to help with numbness. In a PR-2 dated 10-20-15, the injured worker complained of ongoing left knee pain, especially with prolonged walking. Subjective complaints did not address gastrointestinal issues. The injured worker was requesting medication refills. The injured worker was working full duty. Physical exam was remarkable for left knee with tenderness to palpation, "acute" spasms, decreased sensation, "good" strength and positive McMurray's test. The treatment plan included a left knee brace to decreased pain and need for medications and increase activities of daily living, continuing medications (Naproxen Sodium, Omeprazole, Flexeril, Neurontin and Menthoderm gel) and requesting Voltaren to help with inflammation. On 10-29-15, Utilization Review non-certified a request for Omeprazole 20mg, Flexeril 7.5mg and a left knee brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Proton pump inhibitor (PPI) medication is for treatment of the problems associated with active gastric ulcers, erosive esophagitis, Barrett's esophagitis, or in patients with pathologic hypersecretion diseases. Although preventive treatment is effective for the mentioned diagnosis, studies suggest; however, nearly half of PPI prescriptions are used for unapproved or no indications. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for PPI namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Long term use of PPIs have potential increased risks of B12 deficiency; iron deficiency; hypomagnesemia; susceptibility to pneumonia, enteric infections, fractures, hypergastrinemia and cancer, and cardiovascular effects of myocardial infarction (MI). In the elderly, studies have demonstrated increased risk for Clostridium difficile infection, bone loss, and fractures from long-term use of PPIs. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any identified history of acute GI bleeding, active ulcers, or confirmed specific GI diagnosis criteria to warrant this medication. The Omeprazole 20mg is not medically necessary and appropriate.

Flexeril 7.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic 2013 injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant progressive deteriorating clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional status to support further use as the patient remains unchanged. The Flexeril 7.5mg is not medically necessary and appropriate.

Left Knee Braces: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation ODG Knee and Leg.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Activity Alteration, Initial Care.

Decision rationale: Guidelines states knee bracing is a treatment option in conjunction with an active exercise program for diagnoses of significant osteoarthritis to delay possible total knee arthroplasty. Clinical exam has not demonstrated any severe acute red-flag conditions or limitation in ADLs as a result of the patient's knee condition to support for this knee brace. Additionally, per Guidelines, prefabricated knee braces may be appropriate in patients with one of the following conditions such as Knee instability; Ligament insufficiency/deficiency; Reconstructed ligament; Articular defect repair; Avascular necrosis; Meniscal cartilage repair; Painful failed total knee arthroplasty; Painful high tibial osteotomy; Painful uni-compartmental osteoarthritis; or Tibial plateau fracture, none demonstrated here. Functional knee braces may be considered medically necessary in the treatment of a chronically unstable knee secondary to a ligament deficiency. The medial and lateral hinge and derotational types specifically used to treat collateral ligament and cruciate ligament and/or posterior capsule deficiencies should be the "off the shelf" type; however, there is no indication provided here. Submitted reports have not adequately demonstrated the indication or clinical findings to support this knee brace. The Left Knee Brace is not medically necessary and appropriate.