

Case Number:	CM15-0037415		
Date Assigned:	03/05/2015	Date of Injury:	03/24/2010
Decision Date:	05/01/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/27/2015

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, Hawaii
 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:

The injured worker is a 41 year old male, who sustained an industrial injury on March 24, 2010. The mechanism of injury is not indicated in the available records. The injured worker was diagnosed as having chronic right knee pain, and left knee pain. Treatment to date has included medications, and cortisone injections. On August 29, 2014, a magnetic resonance imaging of the left knee shows medial and lateral meniscal tears, chondromalacia unchanged, and anterior cruciate ligamentous tear. On December 22, 2014, he reports having muscle spasms and cramping in the left thigh, and right knee pain. The request is for Flexeril 7.5mg and Prilosec 20mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64.

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

Decision rationale: The patient presents with muscle spasms on left quadriceps and right & left knee pain. The current request is for Flexeril 7.5mg #60. The treating physician states, "Patient reports daily cramping with muscle spasms on left quadriceps (upper thigh), worse at night; prescription given for Vicodin # 60 and Flexeril #60." (5B) The MTUS guidelines state, "Recommended as an option, using a short course of therapy. Treatment should be brief." In this case, in the records provided for review, the treating physician has documented that the patient has previously used Flexeril but did not state for how long or if there was any improvement. The MTUS guidelines do not recommend this medication for long term usage, as it is currently prescribed. The current request is not medically necessary.

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: The patient presents with muscle spasms on left quadriceps and right & left knee pain. The current request is for Prilosec 20mg #60. The treating physician states, "Prescription given for Naproxen 550mg #60 take 1 po bid and Prilosec 20mg #60." (5B) The MTUS supports the usage of Proton Pump Inhibitors (PPIs) for gastric side effects due to NSAID use. In this case, the treating physician has documented that the patient is currently taking an NSAID medication but has not documented that the patient is at risk or currently experiencing any G/I side effects. The current request is not medically necessary.