

<b>Case Number:</b>	CM15-0050799		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	12/05/2012
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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: California, Indiana, New York  
 Certification(s)/Specialty: Internal 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 injured worker is a 48-year-old male, who sustained an industrial injury on December 5, 2012. He reported an injury to his left lower extremity. The injured worker was diagnosed as having torn medial meniscus of the left knee and left plantar fasciitis. Treatment to date has included diagnostic studies, surgery, injection, physical therapy, knee brace and medications. On January 20, 2015, the injured worker complained frequent pain in the left foot and ankle with occasional flare-up. The pain was rated as a 7 on a 1-10 pain scale. The pain is characterized as dull and is aggravated by ascending and descending stairs, lifting and bending. The treatment plan included a new pair of orthotics, medications and a follow-up visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fenoprofen calcium (Nalfon) 400mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAID.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Fenoprofen (Nalfon) 400 mg #120 is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional nonsteroidal anti-inflammatory drugs and COX-2 nonsteroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are sprain knee left; and tear medial cartilage or meniscus left. The documentation indicates the injured worker has been taking naproxen, omeprazole and Flexeril as far back as October 21, 2013. Subsequent progress notes show the treating physician used multiple nonsteroidal anti-inflammatory drugs with minimal objective functional improvement associated with their use. There is no evidence to recommend one drug in this class over another based on efficacy. Additionally, nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period. Nonsteroidal anti-inflammatory drugs have been used as far back as October 2013 (approximately 16 months prior). Subjective VAS pain scales ranged from 5/10 to 7/10 and remained at 7/10 on April 2014. Consequently, absent clinical documentation with objective functional improvement in excess of the recommended guidelines for recommendations of the lowest dose for the shortest period, Fenoprofen (Nalfon) 400 mg #120 is not medically necessary.

**Omeprazole 20mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

**Decision rationale:** Pursuant to our Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Omeprazole 20 mg #120 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. In this case, the injured worker's working diagnoses are sprain knee left; and tear medial cartilage or meniscus left. The documentation does not contain evidence of comorbid conditions, past medical history or risk factors consisting of a history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. There is no clinical indication or rationale for the ongoing use of proton pump inhibitors. Consequently, absent clinical documentation with risk factors, called morbid conditions or past

medical history of peptic ulcer disease, G.I. bleeding, concurrent use of aspirin, etc., Omeprazole 20 mg #120 is not medically necessary.

**Cyclobenzaprine Hydrochloride 7.5mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flexeril 7.5 mg #120 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are sprain knee left; and tear medial cartilage or meniscus left. Documentation shows the injured worker was prescribed Flexeril as far back as October 21, 2013. The injuries are primarily located in an about the knee. There is no clinical indication for a muscle relaxant. Additionally, muscle relaxants are recommended for short-term (less than two weeks). The treating physician exceeded the recommended guidelines by starting treatment and continuing treatment from October 21, 2013 through March 6, 2015. Consequently, absent compelling clinical documentation with objective functional improvement in excess of the recommended guidelines for short-term use, Flexeril 7.5 mg #120 is not medically necessary.