

Case Number:	CM14-0123733		
Date Assigned:	08/08/2014	Date of Injury:	02/13/2014
Decision Date:	09/29/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/05/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 45-year-old female with a date of injury of 02/13/2014. The listed diagnoses per Dr. [REDACTED] are: 1. Left ankle internal disruption outlined by MRI findings. 2. Right knee medial meniscus damage. According to progress report, 07/02/2014, the patient presents with pain in her left ankle and right knee pain. She is currently working a 5-hour day and she is able to tolerate this. Patient does complain of aching pain in her left ankle and right knee, more so after work. However, she is able to "ice it down" and able to continue at this pace. Patient's medication regimen includes cyclobenzaprine, naproxen, and omeprazole. Utilization review denied the request on 07/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(s): 64.

Decision rationale: This patient presents with left ankle and right knee pain. The treater is requesting a refill of cyclobenzaprine 10 mg #60. The MTUS Guidelines page 64 states,

"Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed evidence does not allow for recommendation of chronic use." Review of the medical file indicates the patient has been taking this medication since 02/14/2014. This medication is not intended for long-term use and recommendation is for denial.

Omeprazole 20 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 68-69.

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

Decision rationale: This patient presents with left ankle and right knee pain. The treater is requesting a refill of omeprazole 20 mg #60. The MTUS Guidelines page 68 and 69 state that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. Review of the medical file indicates the patient has been prescribed omeprazole concurrently with naproxen since 05/07/2014. Although the patient has been taking an NSAID on a long-term basis, the treater does not provide documentation of dyspepsia or any GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by the guidelines without GI risk assessment. Recommendation is for denial.