

Case Number:	CM14-0210686		
Date Assigned:	12/23/2014	Date of Injury:	04/17/2013
Decision Date:	02/19/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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 & Rehabn

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 58-year-old male with date of injury of 04/17/2013. According to progress report dated 12/19/2014, the patient presents with continued right knee pain and presents for his third Orthovisc injection. It was noted the patient has not had substantial improvement from his first and second injection. Examination on this date revealed left knee effusion 1+. He has limited range of motion with crepitance throughout the range of motion. The listed diagnoses are: 1. Status post arthroscopic partial medial and lateral meniscectomy. 2. Chondroplasty for chondrocalcinosis and grade 3 articular changes. The patient will be reassessed in 1 months' time for possible permanent and stationary report. Treatment plan is for patient to continue with current medications including Norco 10/325 mg, naproxen sodium 550 mg, Fexmid 7.5 mg, Protonix 20 mg. The utilization review denied the request on 12/05/2014. Treatment reports from 04/17/2014 through 12/19/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications; Medication for chronic pain Page(s): 22;60.

Decision rationale: This patient presents with continued left knee pain. The current request is for naproxen sodium 550 mg #90. The MTUS Guidelines page 22 regarding antiinflammatory medications states that "antiinflammatories are the traditional first-line treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted." The patient has been utilizing naproxen as early as 04/17/2014. In this case, recommendation for further use cannot be supported as the medical reports do not provide any discussion regarding this medication's efficacy. MTUS page 60 on medication for pain states that pain assessment and functional changes must be documented when medications are used for chronic pain. Given the lack of discussion regarding efficacy, the requested Naproxen is not medically necessary.

Pantoprazole 20mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 68-69.

Decision rationale: This patient presents with continued left knee pain. The current request is for pantoprazole 20 mg #90. The MTUS Guidelines page 68 and 69 states 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. The patient has been taking NSAID on a long term basis, but the treating physician does not document dyspepsia or GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by the guidelines without GI-risk assessment. This request for Pantoprazole is not medically necessary.

Cyclobenzapine 7.5mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

Decision rationale: This patient presents with continued left knee pain. The current request is for cyclobenzaprine 7.5 mg #90. The MTUS Guidelines page 63 regarding muscle relaxants states, "Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and reducing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain with overall improvement. Efficacy

appears to diminish over time, and prolonged use of some medication in this class may lead to dependence." In this case, the patient has been utilizing cyclobenzaprine as early as 07/15/2014. The MTUS Guidelines support the use of cyclobenzaprine for short course of therapy, not longer than 2 to 3 weeks. The requested cyclobenzaprine is not medically necessary.