

<b>Case Number:</b>	CM14-0217853		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	11/03/2010
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 60 year old female injured worker suffered an industrial injury on 11/3/2010. The details of the injury, accident and treatments were limited in the documentation provided. The injured worker had a diagnosis of right knee chronic degenerative joint disease. She had multiple orthopedic surgeries to the right knee including a total right knee replacement in 2013 followed by lysis of adhesion under anesthesia 9/8/2014 with post-operative physical therapy of at least 16 sessions. The post-operative visits on 9/16/2014 and 9/23/2014 indicated improvement in range of motions and decreased pain. The visit on 11/18/2014 revealed the injured worker was reporting worsening pain especially with the cold weather and the medications only numb the right knee enough to be able to stand. The exam only revealed evidence of surgical healing. The UR decision on 12/2/2014 for requested Flexeril, Ibuprofen and Prilosec were all non-certified.

1. Flexeril 10mg #60 was denied as there was no supporting documentation of medical necessity.
2. Ibuprofen 100mg #60 was modified to not exceed 60 days.
3. Prilosec 20mg #60 was modified to only be used as long as the NSAID was in use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** Flexeril (cyclobenzaprine) is a medication in the antispasmodic muscle relaxant class. The MTUS Guidelines support the use of muscle relaxants with caution as a second-line option for short-term use in the treatment of a recent flare-up of long-standing lower back pain. Some literature suggests these medications may be effective in decreasing pain and muscle tension and in increasing mobility, although efficacy decreases over time. In most situations, however, using these medications does not add additional benefit over the use of non-steroidal anti-inflammatory drugs (NSAIDs), nor do they add additional benefit in combination with NSAIDs. Negative side effects, such as sedation, can interfere with the worker's function, and prolonged use can lead to dependence. The request was made for an indefinite supply of cyclobenzaprine at an unspecified dose, which does not account for potential changes in the worker's overall health or treatment needs. For this reason, the current request for an indefinite supply of an unspecified dose of Flexeril (cyclobenzaprine) is not medically necessary.

**Ibuprofen:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

**Decision rationale:** Ibuprofen is in the non-steroidal anti-inflammatory drugs (NSAID) class of medications. The MTUS Guidelines support the use of NSAIDs for use in managing osteoarthritis-related moderate to severe pain. The Guidelines stress the importance of using the lowest dose necessary for the shortest amount of time. They further emphasize that clinicians should weigh the benefits of these medications against the potential negative effects, especially in the setting of gastrointestinal or cardiovascular risk factors. The request was made for an indefinite supply of ibuprofen at an unspecified dose, which does not account for potential changes in the worker's overall health or treatment needs. For this reason, the current request for an indefinite supply of an unspecified dose of ibuprofen is not medically necessary.

**Prilosec:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Gastrointestinal Symptoms and Cardiovascular Risk Page(s): 68-69. Decision based on Non-MTUS Citation Omeprazole: Druege Information. Topic 9718, version 149.0. up to date, accessed 03/01/2015.

**Decision rationale:** Prilosec (omeprazole) is a medication in the proton pump inhibitor class. The MTUS Guidelines support the use of omeprazole 20mg when a worker is found to have an intermediate or high risk of gastrointestinal events and a non-steroidal anti-inflammatory drug (NSAIDs) is prescribed for pain control. The FDA also approves this medication for short-term treatment of active ulcers in the stomach or part of the small intestine, heartburn, symptoms associated with gastroesophageal reflux disease (GERD), erosive esophagitis, conditions causing very high amounts of acid in the stomach, and as part of treatment for a specific kind of infection that can cause ulcers. The request was made for an indefinite supply of omeprazole at an unspecified dose, which does not account for potential changes in the worker's overall health or treatment needs. For this reason, the current request for an indefinite supply of an unspecified dose of Prilosec (omeprazole) is not medically necessary.