

Case Number:	CM15-0001361		
Date Assigned:	01/12/2015	Date of Injury:	12/22/2008
Decision Date:	03/06/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/05/2015

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
 Certification(s)/Specialty: Emergency 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:

This injured worker is a 58 year old male who sustained an industrial injury on December 22, 2008. The injured worker reported left shoulder and left knee pain as a result of the injury. Diagnoses include a large lateral meniscal tear of the left knee, adhesive capsulitis of the left shoulder and a large left knee cyst per MRI. Treatment to date has included pain medications, diagnostic testing, physical therapy, injections, rest and a left shoulder arthroscopy in 2009. The current documentation dated December 8, 2014 notes that the injured worker complained of left knee pain with locking and catching of the knee. Physical examination of the left shoulder revealed a well healed scar and pain over the anterior aspect of the shoulder without spasm. Range of motion was limited. Impingement test I and II were positive. Examination of the left knee revealed a moderate intracranial-articular effusion and pain with palpation over the lateral joint line. Range of motion was full. Positive testing included a McMurry, Steinmann, Apley Compression and distraction test. On January 5, 2015, the injured worker submitted an application for IMR for review of the medications Pantoprazole Sodium 29 mg # 60 and Cyclobenzaprine 7.5 mg # 90. On December 23, 2014 Utilization Review evaluated and non-certified the medication requests. The MTUS, Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole sodium 20 mg, sixty count: Upheld

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

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

Decision rationale: Omeprazole/Prilosec is a proton-pump inhibitor(PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. MTUS Guidelines recommend PPI therapy in patient's on NSAID therapy with dyspepsia or is at high risk for GI bleed. There is no dyspepsia complaints. Patient is not high risk for GI bleeding. There was no provided medication list with no NSAID listed as a current medication. Prilosec/Omeprazole is not medically necessary.

Cyclobenzaprine 7.5 mg, ninety count: Upheld

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

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

Decision rationale: Flexeril is cyclobenzaprine, a muscle relaxant. As per MTUS guidelines, evidence show that it is better than placebo but is considered a second line treatment due to high risk of adverse events. It is recommended only for short course of treatment for acute exacerbations. There is some evidence of benefit in patients with fibromyalgia. Patient has been on this medication chronically. There is no documentation of improvement. The number of tablets is not consistent with short term use. Cyclobenzaprine is not medically necessary.