

Case Number:	CM15-0015245		
Date Assigned:	02/03/2015	Date of Injury:	08/10/1979
Decision Date:	03/20/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/27/2015

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: Physical Medicine & Rehabilitation

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 63 year old male, who sustained a work/ industrial injury on 8/10/79. He has reported symptoms of chronic right knee pain. Prior medical history includes: gastric problems, hypertension, cancer, degenerative joint disorder, and repair of a torn medial collateral ligament. The diagnoses have included flare up of back pain, myofascial pain, intervertebral disc disease, and right knee post construction pain. Mediations included Toradol, Ibuprofen, Prilosec, and Flexeril. Treatment to date has included diagnostics, pain med injections, medication, chiropractic care, and conservative care. Per the treating physician's progress report dated 12/19/14, there was pain in the right knee with tenderness and decreased range of motion. On 1/7/15, Utilization Review non-certified a prescription for Prilosec 40 mg #30, Toradol 60 mg injection, and Flexeril 10 mg #60, noting the California Medical treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Prilosec 40 mg # 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk, Pages 68-69.

Decision rationale: Prilosec (Omeprazole) medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The One prescription of Prilosec 40 mg # 30 is not medically necessary and appropriate.

One Toradol injection 60 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), page(s) Page 22.

Decision rationale: Ketorolac tromethamine (Toradol), a nonsteroidal anti-inflammatory drug (NSAID), is indicated for the short-term (up to 5 days in adults), management of moderately severe acute pain that requires analgesia at the opioid level. Ketorolac (Toradol, generic available) has a boxed warning as this medication is not indicated for minor or chronic painful conditions. Report from the provider noted ongoing chronic pain symptoms with listed medications to include Naproxen, another NSAID. Submitted report has no documented medical indication as to concurrent use for this injection along with oral NSAID Naproxen which is not recommended for increase GI bleeding. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAIDs functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk of hip fractures. Available reports submitted have not adequately addressed the indication to for the Ketorolac injection for chronic pain without demonstrated acute flare-up. The One Toradol injection 60 mg is not medically necessary and appropriate.

One prescription of Flexeril 10 mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril (Cyclobenzaprine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, pg 128.

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The One prescription of Flexeril 10 mg # 60 is not medically necessary and appropriate.