

<b>Case Number:</b>	CM15-0110766		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	03/12/2013
<b>Decision Date:</b>	09/16/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 44 year old female, who sustained an industrial injury on March 12, 2013. The injured worker reported fall resulting in knee injury with fracture. The injured worker was diagnosed as having status post left knee comminuted fracture, right knee strain, bilateral ankle strain, lumbar stenosis, degenerative discogenic disease, left leg radiculopathy and left knee meniscus tear. Treatment to date has included magnetic resonance imaging (MRI), chiropractic therapy and medication. A progress note dated April 7, 2015 provides the injured worker complains of low back, hip left knee and now right knee pain. She rates her pain 9/10 without medication and reduced 50% with medication. She reports that chiropractic therapy has been helpful in the past. Physical exam notes lumbar tenderness with spasm and painful range of motion (ROM). There is positive straight leg raise and weakness noted. The left knee is tender to palpation. There is a surgical scar and McMurray's is positive. The right knee is tender to palpation and range of motion (ROM) is painful. There is a request for chiropractic treatment, Anaprox, Prilosec, Colace and Ativan.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anaprox 550mg, Qty 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68, 73.

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

**Decision rationale:** This 44 year old female patient has complained of left knee, left hip and lower back pain since date of injury 3/12/13. She has been treated with chiropractic therapy, surgery, physical therapy and medications to include NSAIDS since at least 03/2015. The current request is for Anaprox. Per the MTUS guideline cited above, NSAIDS are recommended for the short term (2-4 week) symptomatic relief of pain. The current treatment duration at the time of request exceeds the recommended treatment period. Additionally, there is no provider documentation of the rationale for continuation of treatment. On the basis of the MTUS guidelines, Anaprox is not medically necessary.

**Prilosec 20mg Qty 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NASIDs, GI symptoms and cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 67-68.

**Decision rationale:** This 44 year old female patient has complained of left knee, left hip and lower back pain since date of injury 3/12/13. She has been treated with chiropractic therapy, surgery, physical therapy and medications to include Prilosec since at least 03/2015. The current request is for Prilosec. No treating physician reports adequately describe the relevant signs and symptoms of possible GI disease. No reports describe the specific risk factors for GI disease in this patient. In the MTUS citation listed above, chronic use of PPI's can predispose patients to hip fractures and other unwanted side effects such as Clostridium difficile colitis. Based on the MTUS guidelines cited above and the lack of medical documentation, Prilosec is not medically necessary in this patient.

**Colace 100mg, Qty 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugs.com/colace](http://www.drugs.com/colace).

**Decision rationale:** This 44 year old female patient has complained of left knee, left hip and lower back pain since date of injury 3/12/13. She has been treated with chiropractic therapy, surgery, physical therapy and medications. The current request is for Colace. There is no documentation in the available medical records that constipation has been a significant problem for this patient necessitating the use of Colace. On the basis of this lack of documentation, Colace is not medically necessary.

**Ativan 1mg, Qty 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** This 44 year old female patient has complained of left knee, left hip and lower back pain since date of injury 3/12/13. She has been treated with chiropractic therapy, surgery, physical therapy and medications to include Ativan since at least 03/2015. The current request is for Ativan. There is inadequate discussion in the available medical records regarding the indications for use of Ativan in this patient. On the basis of this lack of documentation, Ativan is not medically necessary in this patient.

**Chiropractic therapy, 3 times a week, lumbar spine and left knee qty 18:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58, 59, 60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy Page(s): 58.

**Decision rationale:** This 44 year old female patient has complained of left knee, left hip and lower back pain since date of injury 3/12/13. She has been treated with chiropractic therapy, surgery, physical therapy and medications. The current request is for chiropractic therapy, 3 times per week, lumbar spine and left knee, qty 18. Per the MTUS guideline cited above, manual therapy is recommended as an option in the treatment of low back pain, a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The available medical records document that the patient has already received manual therapy for the treatment of his chronic pain, however the records do not include documentation of objective functional improvement attained thus far. On the basis of the available medical records and per the MTUS guidelines cited above, chiropractic therapy, 3 times a week, lumbar spine and left knee is not medically necessary.