

<b>Case Number:</b>	CM15-0122893		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	02/16/2010
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2015

### 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: Florida  
 Certification(s)/Specialty: Neurology, Pain Management

### 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 42 year old male, who sustained an industrial injury on February 16, 2010. The injured worker was diagnosed as having right knee arthroscopic partial meniscectomy, chondroplasty, and traumatic knee osteoarthritis and left knee synovitis and effusion. Treatment to date has included multiple surgeries, physical therapy, injection and medication. A progress note dated May 5, 2015 provides the injured worker complains of back and right knee pain. He reports a previous cortisone injection provided short term pain relief. He reports clicking and popping of the knee. Physical exam notes antalgic gait, bilateral knee swelling with the right greater than the left and joint effusion on the right. There is slightly decreased range of motion (ROM) of the right knee. There is a request for Omeprazole, Flexeril, Gabapentin and naproxen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg quantity 100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines nsaid Page(s): 66.

**Decision rationale:** MTUS guidelines support use of PPI if the insured has a history of documented GI related distress, GERD or ulcer related to medical condition. The medical records report no history of any GI related disorder. As such the medical records do not support a medical necessity for omeprazole in the insured.

**Flexeril 7.5mg 1 tablet three times a day quantity 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines antispasticity drugs Page(s): 66.

**Decision rationale:** The medical records provided for review do not demonstrated physical exam findings consistent with spasticity or muscle spasm or myofascial spasm. MTUS supports flexeril for the treatment of muscle spasm and spasticity. As such the medical records do not support the use of flexeril congruent with MTUS.

**Gabapentin 600mg quantity 100:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anticonvulsant medication Page(s): 99.

**Decision rationale:** The medical records report a condition of musculoskeletal pain but no indication of a neuropathic pain condition. MTUS supports the use of gabapentin for neuropathic pain conditions. As the medical records do not indicate specific neuropathic pain condition, the medical records do not support the use of gabapentin at this time.

**Naproxen 550mg 1 cap in the morning and afternoon quantity 100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs Page(s): 67-68, 73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines nsaid Page(s): 68.

**Decision rationale:** The medical records provided for review support a condition of musculoskeletal pain but does not document specific functional gain in regard to benefit from therapy including the NSAID. MTUS supports the use of an NSAID for pain (mild to moderate) in relation to musculoskeletal type but there is no evidence of long term effectiveness for pain.

As such the medical records provided for review do not support the use of naprosyn for the insured as there is no indication of objective benefit in function.