

<b>Case Number:</b>	CM15-0020422		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	01/30/2014
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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: Orthopedic Surgery

### 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 61 year old male who sustained an industrial injury to his left knee and lower back on January 30, 2014. There was no mechanism of injury documented. A Magnetic resonance imaging (MRI) of the left knee dated May 3, 2014 demonstrated complex tearing of the lateral meniscus, full thickness cartilage loss of the lateral femorotibial compartment and a high grade cartilage loss at the central trochlea. The injured worker was diagnosed with lumbar sprain/strain, lumbosacral neuritis, meniscus tear left knee and osteoarthritis of the left knee. Electrodiagnostic studies confirmed right L5 radiculopathy. The injured worker is authorized for left knee meniscectomy. Exam note from 10/23/14 demonstrates report of mild relief with Naproxen. Exam note from 1/14/15 demonstrates left knee pain and a positive McMurray's test. Current medications consist of Cyclobenzaprine, Naproxen, Omeprazole and LidoPro cream. Treatment modalities consist of 10/12 completed chiropractic therapy sessions for the lumbar spine, medication and a cortisone injection to the left knee on December 12, 2014. The treating physician requested authorization for 1 prescription of Omeprazole 20mg #60; 1 prescription of Naproxen sodium 550mg #60; Prescription of Flexeril (unknown dose and quantity); 6 additional sessions of Chiropractic Therapy. On January 23, 2015 the Utilization Review denied certification for 1 prescription of Omeprazole 20mg #60; 1 prescription of Naproxen sodium 550mg #60; Prescription of Flexeril (unknown dose and quantity); 6 additional sessions of Chiropractic Therapy. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines and the Official Disability Guidelines (ODG).

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 prescription of Omeprazole 20mg #60: Upheld**

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

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

**Decision rationale:** Per the CA MTUS Chronic Pain Medical Treatment Guidelines, page 68, recommendation for Prilosec is for patients with risk factors for gastrointestinal events. The cited records from 1/14/15 and 10/23/14 do not demonstrate that the patient is at risk for gastrointestinal events. Therefore determination is for non-certification for the requested Prilosec. The request is not medically necessary.

### **1 prescription of Naproxen sodium 550mg #60: Upheld**

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

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

**Decision rationale:** Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 66 states that Naproxen is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. It is used as first line treatment but long-term use is not warranted. In this case the continued use of Naproxen is not warranted, as there is no demonstration of functional improvement from the exam note from 10/23/14. Therefore determination is non-certification; the request is not medically necessary.

### **Associated surgical service: 6 sessions of Chiropractic: 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 Manual therapy and manipulation Page(s): 58.

**Decision rationale:** Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, Manual therapy and manipulation, page 58, chiropractic is recommended as an option with a trial of 6 visits over 2 weeks with evidence of objective functional improvement, with a total of up to 18 visits over 6-8 weeks. In this case there is lack of functional improvement with prior

chiropractic visits from the exam note of 1/14/15. Therefore the determination is for non-certification; the request is not medically necessary.

**Prescription of Flexeril:** Upheld

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

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

**Decision rationale:** According to the CA MTUS, Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine, pages 41-42 "Recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended." In this particular case the patient has no evidence in the records of 1/14/15 of functional improvement, a quantitative assessment on how this medication helps, percentage of relief lasts, increase in function, or increase in activity. Therefore chronic usage is not supported by the guidelines. Therefore is not medically necessary and non-certified.