MAXIMUS Federal Services

Case Number:	CM15-0061267		
Date Assigned:	04/06/2015	Date of Injury:	11/30/2012
Decision Date:	05/11/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/30/2015

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: Utah, Arkansas
Certification(s)/Specialty: Family Practice

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 55-year-old female, with a reported date of injury of 11/30/2012. The diagnoses include cervical spine sprain/strain, bilateral wrist sprain/strain, rule out carpal tunnel syndrome, bilateral knee sprain/strain with left knee medial meniscus tear and lateral meniscus tear, right knee grade 4 chondromalacia. Treatments to date have included an MRI of the left knee, an MRI of the right knee, and physical therapy. The progress report dated 02/25/2015 indicates that the injured worker complained of cervical spine pain, rated 5 out of 10; bilateral wrist pain, rated 3 out of 10; right knee pain, rated 3 out of 10; and left knee pain, rated 3 out of 10. The physical examination showed an antalgic gait, stiffness with movement, mild bilateral cervical tenderness with right spasm, mild bilateral cervical/thoracic tenderness with right spasm, pain with bilateral wrist range of motion, bilateral knee medial and lateral joint line tenderness, bilateral knee patellar and sub patellar tenderness, bilateral knee crepitus, and decreased bilateral knee flexion. The treating physician requested Cyclobenzaprine-Tramadol cream and Prilosec 20mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

CycloTram Cream quantity 2.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page 41.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for CycloTram. MTUS guidelines state the following: The addition of cyclobenzaprine to other agents is not recommended. According to the clinical documentation provided and current MTUS guidelines, Cyclotram is not indicated as a medical necessity to the patient at this time.

Prilosec 20mg quantity 60.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, page(s) 67-69.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Prilosec. According to the clinical documents, there is documentation that the patient has gastrointestinal symptoms with medications that would warrant the usage of this medication. The use of Prilosec, as stated in the above request, is determined to be a medical necessity at this time.