

Case Number:	CM15-0074388		
Date Assigned:	04/24/2015	Date of Injury:	04/10/1996
Decision Date:	05/21/2015	UR Denial Date:	03/22/2015
Priority:	Standard	Application Received:	04/20/2015

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: Texas, California
 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:

This is a 60-year-old female patient who sustained an industrial injury on 04/10/1996. The diagnoses include lumbosacral spondylosis, bilateral knee osteoarthritis, and generalized deconditioned state. She sustained the injury due to fall while cleaning a room. Per the doctor's note dated 2/27/2015, she had complaints of lower back and bilateral knee pain. She had been using a walker and wheelchair for mobility. The right knee had sharp pain with locking as well as swelling with pain at 10/10. The left knee had constant pain 10/10 with pain radiation into the groin with cramps. The lumbar spine pain was 8/10 that radiated to the lower extremities reaching the big toe. The hips and left ankle have intermittent pain. The physical examination revealed decreased sensation in left lower extremity, decreased strength in bilateral lower extremities; right knee- patellofemoral tenderness and left knee- medial joint line tenderness. The medications list includes Naproxen, Omeprazole, Cyclobenzaprine, and Norco. The diagnostics included lumbar and bilateral knee x-rays. She has undergone two right knee surgeries. Her medical history includes cerebrovascular accident. She has had physical therapy visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Naproxen 500mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications page 22; NSAIDs page 67.

Decision rationale: 1 prescription of Naproxen 500mg #60 Naproxen is a NSAID. CA MTUS page 67 states that NSAIDs are recommended for Chronic pain as an option for short-term symptomatic relief, recommended at the lowest dose for the shortest period in patients with moderate to severe pain. MTUS also states that Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume. Per the submitted medical records, patient had chronic lumbar spine pain and bilateral knee. The patient also had abnormal objective physical exam findings- tenderness and decreased strength and sensation in lower extremities. NSAIDs are considered first line treatment for pain and inflammation. The request for 1 prescription of Naproxen 500mg #60 is medically appropriate and necessary for this patient to use as prn to manage his chronic pain.

1 prescription of Omeprazole 20mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: 1 prescription of Omeprazole 20mg #30 Pantoprazole is a proton pump inhibitor. Per the CA MTUS NSAIDs guidelines cited above, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in Patients at intermediate risk for gastrointestinal events. Patients at high risk for gastrointestinal events. Treatment of dyspepsia secondary to NSAID therapy. Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when- (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is no evidence in the records provided that the patient has abdominal/ gastric symptoms with the use of NSAIDs. The records provided do not specify any objective evidence of gastrointestinal disorders, gastrointestinal bleeding or peptic ulcer. The medical necessity of 1 prescription of Omeprazole 20mg #30 is not established for this patient and the request is not medically necessary.

1 prescription of Cyclobenzaprine HCL 10mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(s): 64.

Decision rationale: 1 prescription of Cyclobenzaprine HCL 10mg #60 Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. According to California MTUS, Chronic pain medical treatment guidelines, Cyclobenzaprine is Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use Cyclobenzaprine is more effective than placebo in the management of back pain. According to the records provided patient has low back and bilateral knee pain. He is having significant objective findings- tenderness and decreased strength and sensation in the lower extremities. Therefore, the patient has chronic pain with significant objective exam findings. According to the cited guidelines, cyclobenzaprine is recommended for short-term therapy. Short term or prn use of cyclobenzaprine in this patient for acute exacerbations would be considered reasonable appropriate and necessary. The request for 1 prescription of Cyclobenzaprine HCL 10mg #60 is medically appropriate and necessary to use as prn during acute exacerbations.