

<b>Case Number:</b>	CM15-0076886		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	04/22/2014
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2015

### 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 32 year old male, who sustained an industrial injury on 04/22/2014. He has reported subsequent knee pain and was diagnosed with chondromalacia of the patella of the left knee, left knee bone bruise and left knee small osteochondral defect of the medial femoral condyle. Treatment to date has included oral pain medication, physical therapy and bracing. In a progress note dated 03/04/2015, the injured worker complained of left knee pain. Objective findings were notable for painful range of motion of the left knee with patellofemoral crepitation, tenderness of the medial and lateral joint lines and a slightly antalgic gait. A request for authorization of Naproxen, Pantoprazole and Cyclobenzaprine refills was made.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550mg #90 2/11/2015:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80.

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

**Decision rationale:** This 32 year old male has complained of left knee pain since date of injury 4/22/14. He has been treated with NSAIDS since at least 11/2014. The current request is for Naproxen. Per the MTUS guideline cited above, NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe joint pain. This patient has been treated with NSAIDS for at least 3 months. There is inadequate documentation in the available medical records discussing the rationale for continued use or necessity of use of an NSAID in this patient. On the basis of this lack of documentation, Naroxenis not indicated as medically necessary in this patient.

**Pantoprazole 20mg #90 2/11/2015:** Upheld

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

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

**Decision rationale:** This 32 year old male has complained of left knee pain since date of injury 4/22/14. He has been treated with medications. The current request is for Pantoprazole. There are no medical reports, which adequately describe the relevant signs and symptoms of possible GI disease. Cotherapy with an NSAID is not indicated in patients other than those at higher risk, as described in the MTUS. No reports describe the specific risk factors present 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. Pantoprazole is not indicated based on lack of medical necessity according to the MTUS, and risk of toxicity.

**Cyclobenzaprine 7.5mg #90 2/11/2015:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64.

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

**Decision rationale:** This 32 year old male has complained of left knee pain since date of injury 4/22/14. He has been treated with medications to include Flexeril since at least 11/2014. Per MTUS guidelines, treatment with cyclobenzaprine should be reserved as a second line agent only and should be used for a short course (2 weeks) only; additionally, the addition of cyclobenzaprine to other agents is not recommended. Per MTUS guidelines, cyclobenzaprine is not considered medically necessary for this patient.