

Case Number:	CM15-0076904		
Date Assigned:	04/28/2015	Date of Injury:	06/23/2014
Decision Date:	06/10/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	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: Pennsylvania
Certification(s)/Specialty: Internal Medicine

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 41-year-old male who sustained an industrial injury on 6/23/14 where his foot was stuck and he felt a pop in his left knee resulting in immediate pain and burning in his left knee. He had an MRI of the left knee showing medial meniscus tear and strain of medial collateral ligament without disruption. On 12/4/14, he had an arthroscopic meniscal repair with partial medial meniscectomy. He had 12 weeks of physical therapy. He currently (3/18/15) has moderate pain in left knee area rated 4/10 in severity. Medication was ibuprofen only. Pain was noted to be well controlled on medication and that the injured worker was "able to do pretty much everything he wants to do." On physical exam, arthroscopy port sites were well healed; there was positive McMurray sign on the left with pain on compression. There was no laxity in the joint, negative distraction test, and negative ligament strain test. Gait and strength were normal. Diagnosis is left knee meniscal tear; status post left knee arthroscopic repair. In the progress note dated 3/18/15, the treating provider's plan of care notes that the injured worker is ready for regular duty. The provider requested cyclobenzaprine, gabapentin, naproxen and omeprazole. It was noted that the injured worker had completed 12 visits of physical therapy with rapid improvement in his knee, and additional physical therapy was recommended. Work status was noted as regular duty with no limitations. On 4/6/15, Utilization Review (UR) non-certified requests for the items currently under Independent Medical Review, citing the MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy, left knee Qty 8: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines

Page(s): 24-25.

Decision rationale: Physical medicine is recommended by the MTUS with a focus on active treatment modalities to restore flexibility, strength, endurance, function, and range of motion, and to alleviate discomfort. The post-surgical treatment guidelines note that the post-surgical treatment for meniscectomy is 12 visits over 12 weeks, with a postsurgical physical medicine treatment period of 6 months. This injured worker is four months postoperative after arthroscopic partial medial meniscectomy. He has completed 12 visits of physical therapy, which is the maximum recommended by the guidelines; the eight additional visits requested are in excess of the guidelines. When the treatment duration and/or number of visits exceed the guidelines, exceptional factors should be noted. There are no exceptional factors in the medical records indicating additional physical therapy is needed. No medical reports identify specific functional deficits, or functional expectations for further Physical Medicine. Functional status is now quite good as the treating physician notes a work status of full duty with no restrictions or limitations. Due to number of sessions requested in excess of the guidelines, and lack of presence of functional deficits or further expectations for additional physical medicine treatments, the request for Additional Physical Therapy, left knee Qty 8 is not medically necessary.

Cyclobenzaprine 10mg Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines cyclobenzaprine p. 41-42 muscle relaxants p. 63-66 Page(s): 41-42, 63-66.

Decision rationale: The MTUS for chronic pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has left knee pain, with no documentation of muscle spasms or back pain. Pain was noted to be well controlled with ibuprofen. The quantity of cyclobenzaprine prescribed implies long-term use, not for a short period of use for acute pain. Per the MTUS chronic pain medical treatment guidelines, cyclobenzaprine (Flexeril, Fexmid, Amrix) is a skeletal muscle relaxant and a central nervous system depressant. It is recommended as an option for a short course of therapy, with greatest effect in the first four days of treatment. Guidelines state that treatment should be brief. Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. The addition of cyclobenzaprine to other agents is not recommended. Additional agents have been prescribed to this injured worker. Limited, mixed evidence does not allow for a recommendation for chronic use. Due to lack of specific indication, and quantity requested which is consistent

with duration of use in excess of the guidelines, the request for cyclobenzaprine is not medically necessary.

Gabapentin 600mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anticonvulsants (antiepilepsy drugs (AEDs)) p. 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter: anti-epilepsy drugs for pain.

Decision rationale: Per the MTUS, anti-epilepsy drugs (AEDs) are recommended for neuropathic pain due to nerve damage. Gabapentin has been shown to be effective for treatment of diabetic neuropathy and postherpetic neuralgia and has been considered a first line treatment for neuropathic pain. This injured worker has post-operative left knee pain, with no documentation of neuropathic pain. Pain was noted to be well controlled with ibuprofen. Functional status was very good, with documentation of release to return to full duty and no limitations of activities due to pain. Due to lack of specific indication, the request for gabapentin is not medically necessary.

Omeprazole 20mg Qty 60: Upheld

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

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

Decision rationale: This injured worker has been prescribed naproxen, a non-steroidal anti-inflammatory medication (NSAID), and omeprazole, a proton pump inhibitor (PPI). Per the MTUS, co-therapy with a non-steroidal anti-inflammatory medication (NSAID) and a proton pump inhibitor (PPI) is not indicated in patients other than those at intermediate or high risk for gastrointestinal events (including age > 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDS such as NSAID plus low dose aspirin). None of these risk factors was documented for this injured worker. There was no documentation of any GI signs or symptoms. Due to lack of specific indication, the request for omeprazole is not medically necessary.