

Case Number:	CM15-0094171		
Date Assigned:	05/20/2015	Date of Injury:	12/30/2010
Decision Date:	06/22/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/15/2015

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: Arizona, 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 67-year-old woman sustained an industrial injury on 12/30/2010 after a fall on ice. Evaluations include bilateral knee x-rays dated 9/17/2014, right shoulder MRI dated 1/21/2014, right knee MRI dated 5/28/2013, left knee MRI dated 5/28/2013, electromyogram of the bilateral upper extremities dated 6/1/2013, and bilateral knee x-rays dated 5/10/2013. Diagnoses include right shoulder SLAP lesion with surgical repair, right knee chondromalacia patella, right knee degenerative joint disease, right knee lateral meniscus tear, left shoulder SLAP lesion, left shoulder bursitis/impingement, and right elbow lateral epicondylitis. Treatment has included oral medications, physical therapy, use of a cane, and surgical intervention. Physician notes dated 4/13/2015 show complaints of right shoulder pain, right elbow pain, bilateral wrist pain, and bilateral knee pain. Recommendations include right elbow and knee MRIs, activity restrictions, continue current medications regimen, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 41, 64.

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

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for several months and previously in combination with topical Cyclobenzaprine (not approved). Long-term use is not indicated and pain responds scores were not reported in recent notes. Continued use of Flexeril is not medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and PPI Page(s): 68, Postsurgical Treatment Guidelines.

Decision rationale: According to the MTUS guidelines, Omeprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or anti-platelet use that would place the claimant at risk. The claimant had been on Omeprazole for several months in combination with Norco (rather than NSAIDS0 for "GI upset"- a common side effect of opioids. Therefore, the continued use of Omeprazole is not medically necessary.

CM3-Ketoprofen 20%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Voltaren gel is a topical analgesic. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant had been on various topical analgesics including Cyclobenzaprine and Lidocaine for several months. There is no evidence of superiority of one topical over another. The claimant did not have arthritis and the request for topical Ketoprofen is not medically necessary.