

Case Number:	CM13-0005952		
Date Assigned:	06/06/2014	Date of Injury:	07/02/2002
Decision Date:	08/01/2014	UR Denial Date:	07/09/2013
Priority:	Standard	Application Received:	08/01/2013

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. The expert reviewer is Board Certified in Neurology and is licensed to practice in New Jersey. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 42 year old man who sustained a work related injury on July 2 2002. Subsequently, he developed chronic bilateral knee pain and weakness. The patient underwent left knee surgery. According to a note dated on January 27 2014, the patient continued to complain of chronic knee pain aggravated by weight bearing and weather. His physical examination demonstrated right knee tenderness, subpatellar crepitation with range of motion. The patient was diagnosed with status post left knee ACL, reconstruction and revision, and bilateral knee medial compartment arthropathy. The patient was treated with Norco at least since 2013 and the patient continued to have pain. The patient was also treated with topical analgesics. The provider requested authorization to continue prescribing Norco and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRILOSEC 20 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDs,GASTROINTESTINAL SYMPTOMS &CARDIOVASCULAR RISK.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 102.

Decision rationale: According to MTUS guidelines, Omeprazole is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (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). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation in the patient's chart supporting that she is at intermediate or high risk for developing gastrointestinal events. Therefore, Prilosec 20mg #30 is not medically necessary.

1 NORCO 5/325 MG #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines synthetic opioid Page(s): 179.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no clear evidence of objective and recent functional and pain improvement with previous use of Norco. The patient was treated with Norco and there since 2013 without any clear evidence of continuous objective improvement or gain of normal function. There no clear documentation of the efficacy/safety of previous use of opioids. There is no clear justification for the need to continue the use of Norco. Therefore, the prescription of Norco 5/325mg #45 is not medically necessary at this time.