

<b>Case Number:</b>	CM13-0009155		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	12/11/2007
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	07/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/09/2013

### 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 Occupational Medicine and is licensed to practice in California. 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 54-year-old female with a December 11, 2007 date of injury. At the time of request (7/31/13), there is documentation of subjective (right knee pain with swelling, clicking and limited range of motion, and decreased pain level of 5-6 out of 10 with use of pain medication) and objective (anterior tenderness with swelling and stiffness in the right knee as well as limping ambulation) findings, current diagnoses (knee osteoarthritis), and treatment to date (medications, physical therapy, and injections).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO/APAP 10/325MG, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as

criteria necessary to support the medical necessity of Norco. Within the medical information available for review, there is documentation of a diagnosis of knee osteoarthritis. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, despite documentation of a decreased pain level with pain medication use, and given documentation of ongoing treatment with Norco, there is no (clear) documentation of objective functional improvement with previous use. Therefore, based on guidelines and a review of the evidence, the request for one prescription of Norco/APAP 10/325mg, #60, is not medically necessary.

**PANTOPRAZOLE SODIUM 20MG, #60: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs)

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. The ODG identifies documentation of risk for gastrointestinal events, and preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Omeprazole. Within the medical information available for review, there is documentation of a diagnosis of knee osteoarthritis. However, there is no documentation of risk for gastrointestinal events, and preventing gastric ulcers induced by NSAIDs. In addition, despite documentation of ongoing treatment with Omeprazole, there is no documentation of objective functional improvement with previous use. Therefore, based on guidelines and a review of the evidence, the request for one (1) prescription of Pantoprazole Sodium 20mg, #60, is not medically necessary.

**CYCLOBENZAPRINE 7.5MG, #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain)

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines identifies that Cyclobenzaprine is recommended for a short course of therapy. The ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute

exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of a diagnosis of knee osteoarthritis. However, there is no documentation of acute muscle spasm. In addition, given documentation of ongoing treatment with Cyclobenzaprine, there is no documentation of the intention to treat over a short course (less than two weeks). Furthermore, there is no documentation of objective functional improvement with previous use of Cyclobenzaprine. Therefore, based on guidelines and a review of the evidence, the request for one (1) prescription of Cyclobenzaprine 7.5mg, #90, is not medically necessary.