

<b>Case Number:</b>	CM13-0014911		
<b>Date Assigned:</b>	10/07/2013	<b>Date of Injury:</b>	05/04/2012
<b>Decision Date:</b>	02/13/2014	<b>UR Denial Date:</b>	08/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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 57-year-old male who reported an injury on 05/04/2012. The mechanism of injury was the result of a repetitive trauma to his knees. The patient was diagnosed with chronic right knee pain, and status post right knee arthroscopic surgery on an unspecified date in June 2012. The most recent clinical documentation is dated 09/11/2013. The patient continued to have right knee pain that he rated at 5/10 to 6/10, and it goes down to about 3/10 with medications. The previously administered Synvisc injection was somewhat helpful. The patient's medication regimen included Norco 2.5/325 mg 1 to 2 tablets a day, Motrin 800 mg 3 times a day, and Prilosec 20 mg once daily as needed. Objective findings upon examination included the patient ambulated with a mild limp, tenderness noted at the joints, and range of motion was slightly decreased. The patient was encouraged to do more exercise and lose some weight to help with decreasing the pain he was feeling in his knees. He was prescribed Norco, and the previously prescribed Motrin and the Prilosec were discontinued.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Motrin 800 mg #90, Requested by [REDACTED] 07/16/2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

**Decision rationale:** Per California MTUS, the requested medication is generally recommended for lowest effective dose, and used for the shortest duration of time consistent with the individual patient's treatment goals. California MTUS only supports short-term use of the medication. In this case, the patient was previously taking the Motrin, but there was documentation in the 06/17/2013 report that indicated the medication was ineffective. The patient was changed to Relafen at that time, which was also not effective. Per California MTUS, the requested medication should not be used long term without evidence of clinical efficacy. Therefore, based on the information provided, the request for Motrin 800 mg #90, requested by [REDACTED] 07/16/2013 is non-certified.

**OMEPRAZOLE 20MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

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

**Decision rationale:** Per California MTUS, the use of proton pump inhibitors is for patients that have been determined to be at risk for gastrointestinal events. The patient is not over the age of 65 years old, does not have a history of peptic ulcer, GI bleed, or perforation. There is no documentation of the patient having any adverse reactions to any medications that would require the use of a proton pump inhibitor. As such, the request for Omeprazole 20MG #60 is non-certified.

**NORCO 2.5/325 #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

**Decision rationale:** Per California MTUS, when going through ongoing management with opioid medication, there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There is no clinical information documented in the medical record providing information on the patient's level of pain pre and post taking the medication. There is no documentation of a change in the patient's functional status, appropriate medication use, and/or side effects to the medication. As such, the request for Norco 2.5/325 #60 is non-certified.