

<b>Case Number:</b>	CM13-0027845		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	08/22/1994
<b>Decision Date:</b>	02/20/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### 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 Ohio and Texas. 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.

### 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 60-year-old who reported an injury on 08/22/1994 when he fell from a ladder when he was about 20 feet up and initially landed on his right heel followed by left knee and outstretched his arm, then he landed on his buttocks and right wrist. The patient had immediate severe back pain as well as pain in other areas. After being taken to the emergency room the patient underwent evaluation with x-rays, MRI, CT scan etc. and underwent surgery for his right ankle, left knee, right wrist and also was informed that he had compression fractures of the L1 and L4. The patient was hospitalized for approximately 2.5 months for rehabilitation and then subsequently underwent 2 more surgeries; one for his wrist and one for his left knee, where plates and screws were removed. Around the same time, the patient underwent gastrointestinal evaluation and was told that he had GERD (gastroesophageal reflux disease) and he will have to take Prilosec for the rest of his life. One year following the second surgery for his knee, the patient underwent a repeat surgery and also had a triple arthrodesis performed on his right ankle. The patient was most recently seen on 11/13/2013 with chief complaints of headaches, low back pain, bilateral hip pain, right wrist, right foot and ankle pain and left knee pain. He has been taking numerous oral medications to help control his pain and his gastrointestinal problems. At this time, the physician is requesting Norco 10/325 mg for a total of 120 tablets, Relpax 40 mg a total of 30 tablets, Propranolol HCL 10 mg a total of 60 tablets, and Nexium 40 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg, 120 count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 74-96.

**Decision rationale:** According to the documentation, the patient has been taking Norco since at least 2011. The patient has stated throughout the documentation that his pain can progress anywhere from a 1/10 to a 10/10 with his usual pain score of a 2/10 to 3/10. Under California MTUS, opioid tolerance develops with the repeated use of opioids and brings about the need to increase the dose and may lead to sensitization. It is now clear that analgesia may not occur with open-ended escalation of opioids. It has also become apparent that analgesia is not always sustained over time, and that pain may be improved with weaning of opioids. The request for Norco 10/325 mg, 120 count, is not medically necessary or appropriate.

**Replax 40 mg, 30 count:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter, Triptans Section

**Decision rationale:** Under Official Disability Guidelines, it states that triptans are recommended for migraine sufferers. At marketed doses, all oral triptans are effective and well tolerated. The differences among them are in general relatively small, but clinically relevant for individual patients. The patient himself has been taking Relpax for several months and has had good results from using it. The request for Replax 40 mg, 30 count, is medically necessary and appropriate.

**Propranolol HCL 10 mg, 60 count:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diabetes Chapter, Hypertension Treatment Section

**Decision rationale:** Under Official Disability Guidelines, it states that beta blockers, of which propranolol is classified, are recommended as a first line agent for hypertension after lifestyle changes of diet and exercise have been modified. The patient has reportedly been diagnosed as having hypertension; however, on his exam notes dated 10/16/2013, it notes that his blood pressure was 134/81, and his appointment date of 11/13/2013 his blood pressure was 133/80 both of which are within normal ranges for blood pressure and are not considered hypertensive. Furthermore, there is no documentation of lifestyle modifications in relation to the patient's

hypertension. The guidelines state that propranolol is recommended as a first line agent for hypertension after lifestyle changes of diet and exercise have been modified. The request for Propranolol HCL 10 mg, 60 count, is not medically necessary or appropriate.

**Nexium 40 mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), GI (gastrointestinal) Symptoms & Cardiovascular.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that patients who are intermediate risk for gastrointestinal events and no cardiovascular disease may benefit from the use of a proton pump inhibitor to avoid gastrointestinal issues. According to the documentation, Nexium would be considered medically appropriate as the patient has been treated for gastroesophageal reflux disease dating back to 1995 which has been controlled with a proton pump inhibitor. However, the physician has failed to specify the number of pills being requested. The request for Nexium 40 mg is not medically necessary or appropriate.