

<b>Case Number:</b>	CM13-0040245		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	06/25/2010
<b>Decision Date:</b>	02/25/2014	<b>UR Denial Date:</b>	10/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 Pain Management, has a subspecialty in Disability Evaluation 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 53 year old female with date of injury of 6/25/2010. Mechanism of injury not described. Continued problems and pain issues concern her knees which have required multiple therapeutic modalities including multiple surgical procedures including two on the right knee and a total knee replacement on the left. She is described as having a Substantially antalgic gait and tilt, significant point tenderness along the anteromedial and anterolateral aspect of both knees, and crepitus to range of motion testing with subpatellar pathology, significant intra-articular fluid but no signs of significant infection, decreased range of motion and pain with multiple provocative maneuvers, ambulating with a cane.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75, 80, 84.

**Decision rationale:** Documentation of functional response, plans for long term pain management and monitoring, including pain management contract have not been submitted in

this patient with a history of opiate therapeutic for more than one year, therefore the continued prescription of Norco 10/325 #180 is not medically necessary and appropriate. The guidelines stated that opioids should be discontinued if there is no overall improvement in function, and they should be continued if the patient has returned to work or has improved functioning and pain. If tapering is indicated, a gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms and consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. Therefore the request for Norco 10/325mg #180 is not medically necessary.

**Tramadol 50mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75, 80, 84. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Tramadol.

**Decision rationale:** Tramadol has unreliable analgesic activity and potential side effects such as serotonin syndrome. Absent any indications of flare-ups of the patients pain complaints, the prescription of tramadol 50mg #120, without documentaion of any functional improvement is not medically necessary.

**Omeprazole 20mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69. Decision based on Non-MTUS Citation ODG, Pain Chapter, Proton Pump Inhibitors

**Decision rationale:** Omeprazole is a proton-pump inhibitor (PPI) which can be used as a co-treatment of patients on NSAID therapy who are at risk of gastro-intestinal bleeding. According to medical records, the patient did not have a history of gastrointestinal issues, and additionally, the patient was not concurrently prescribed aspirin, corticosteroids, anticoagulants, or a high dose of NSAIDs that have caused an adverse reaction in the past. There was a prior authorization for Omeprazole which was certified and therefore in any case renders this prescription redundant. Taking into consideration the above discussion, the request for 120 Omeprazole DR 20mg is not appropriate and not medically necessary.