

Case Number:	CM13-0047749		
Date Assigned:	12/27/2013	Date of Injury:	05/22/1998
Decision Date:	04/18/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	11/04/2013

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 Orthopedic Surgery 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:

This 62-year-old female account clerk has a cumulative trauma injury involving the back and bilateral knees, and a date of injury 5/22/98. The patient was status post right total knee arthroplasty on 9/7/12 and left total knee arthroplasty on 6/28/13. The past medical history was positive for cervical fusion and L4/5 lumbar laminectomy. The records indicated that the patient had a history of gastroesophageal reflux disease, documented on 9/7/12. Duragesic patches and Norco had been prescribed since at least 10/30/12. The records documented that the Duragesic patches were prescribed every two (2) days (15/month) until 7/1/13 and then reduced to every three (3) days (10/month) on 8/1/13. The Norco 10/325 mg was prescribed #180 tabs/month until 7/1/13 and then reduced to #45 on 8/1/13. The patient had completed twelve (12) postoperative physical therapy visits and eight (8) more sessions were initiated on 8/23/13. The 9/3/13 pain management report cited grade 8/10 left leg pain. Swelling of the left leg was reported with exercise. Ice, heat, and TENS helped decrease pain. The patient was using Duragesic patches with Norco, which did not fully alleviate the pain, but brought the pain to a manageable level. The objective findings documented antalgic gait using a front wheeled walker, normal lower extremity sensation, decreased right patella reflex, decreased right quadriceps and hamstring strength, normal lumbar range of motion, right knee swelling, right knee range of motion 0-110 degrees, left knee range of motion -21 to 90 degrees, and left knee pain with medial lateral stress. The diagnosis was post-laminectomy lumbar spine and lower extremity osteoarthritis. The medications were refilled, including Duragesic patches #10, Norco 10/325 mg #45, and omeprazole 20 mg #60. The 10/10/13 utilization review recommended partial certification of the 9/3/13 request for Duragesic patches #10 to #2 and Norco #45 to #15 based on no documentation of symptomatic or functional improvement. Omeprazole was non-certified based on a lack of gastrointestinal factors.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACY PURCHASE OF HYDROPHONE-ACETAMINOPHEN TABS 10-325 MG, #45: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-80, 91.

Decision rationale: The Chronic Pain Guidelines support the use of opioids, such as hydrocodone (Norco), in the management of chronic pain when the patient has improved functioning and pain and also in the post-operative period. This particular opioid is indicated for moderate to moderately severe pain on an as needed basis, to a maximum dose of 8 per day. The Guideline criteria have been met for the use of this medication as prescribed on 9/3/13. The patient was 9-weeks status post left total knee arthroplasty and was still participating in active physical therapy. The medication dose had been decreased by 75% over the prior month. The pain medications were reducing the pain to a manageable level and full compliance in physical therapy exercise was documented, providing evidence of functional benefit. Therefore, this request for hydrocodone-acetaminophen 10/325 mg #45 is medically necessary.

FENTANYL PATCH 25 MCG, #10: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-80, 93.

Decision rationale: The Chronic Pain Guidelines state that transdermal patches are indicated for the management of persistent chronic pain, which is moderate to severe requiring continuous, around the clock opioid therapy that cannot be managed by other means. Patches are worn for a seventy-two (72) hour period. The Guideline criteria have been met for the use of these patches, as prescribed on 9/3/13. The records indicated that the long-term use of Fentanyl patches in the management of the patient's low back and bilateral knee pain. The patient was diagnosed with lumbar postlaminectomy syndrome and underwent left total knee arthroplasty on 6/28/13. Pain reduction, increased functional ability, and quality of life improvement were noted in the record. A withdrawal of medications in December 2012 resulted in the patient being unable to walk or perform activities of daily living. The patient was 9-weeks status post left total knee arthroplasty and was actively participating in physical therapy. A 30% reduction in patch use was documented in August 2013. Given the documented pain reduction and functional improvement, continuation as of 9/3/13 to support the patient during post-op physical therapy was indicated. Therefore, this request for Fentanyl patch 25 mcg #10 was medically necessary.

OMEPRAZOLE CPDR 20 MG, #60 WITH 1 REFILL: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN (CHRONIC), PROTON PUMP INHIBITORS (PPIS)

Decision rationale: The Official Disability Guidelines recommend proton pump inhibitors (PPIs) for patients at risk for gastrointestinal events. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. The Guideline criteria have been met. The patient was diagnosed with gastroesophageal reflux disease (GERD) on 9/7/12, with significant reflux symptoms documented. Omeprazole was originally prescribed by an internal medicine consultant on 11/19/12. The reflux symptoms appear to be controlled since the initiation of PPI therapy. Therefore, this request for omeprazole CPDR 20 mg #60 with one (1) refill was medically necessary.