

<b>Case Number:</b>	CM13-0071511		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	07/01/2003
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/27/2013

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 62 year old female who reported an injury on 07/01/2003 due falling off a chair while attempting to sit, hurting her right hand, wrist, right knee, and buttocks. The clinical note dated 06/26/2013 reported the injured worker with left knee pain. The injured worker was diagnosed with lumbosacral spondylosis without myelopathy, knee internal derangement and obesity. The injured worker's treatment included a right knee total arthroplasty on 04/16/2012 and a series of pain medications. The injured worker was recommended for Norco 10/325MG and Prilosec 20MG.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHARMACY PURCHASE OF NORCO 10/325MG QTY: #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section, Page(s): 89.

**Decision rationale:** The request for Norco 10/325MG with a quantity of 30 is non-certified. The California MTUS guidelines recommend providing ongoing education on both the benefits and limitations of opioid treatment. The guidelines recommend the lowest possible dose should be

prescribed to improve pain and function. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The medical documentation included does not include functional status, or a measurable pain scale in reference to the injured worker's pain with or without medication use. In addition, there is a lack of a recent urine drug screen that revealed consistent findings. Therefore, the request is not medically necessary or appropriate.

**PRILOSEC 20MG QTY: #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID, GI Symptoms And Cardiovascular Risk Section..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk, Page(s): 68.

**Decision rationale:** The request for pharmacy purchase of Prilosec 20MG with a quantity of 30 is non-certified. The California MTUS guidelines recommend proton pump inhibitors for injured workers at risk for gastrointestinal events. The guidelines recommend that clinicians utilize the following criteria to determine if the injured worker is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID's. The medical documentation did not indicate the injured worker had gastrointestinal symptoms. It did not appear the injured worker had a history of peptic ulcer, GI bleed, or perforation; it did not appear the injured worker is at risk for gastrointestinal events. Therefore, the request is not medically necessary or appropriate.