

<b>Case Number:</b>	CM13-0071730		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	02/18/2008
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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 & 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 57 year old female who reported an injury on 02/18/2008. The mechanism of injury was not stated. Current diagnoses include shoulder recurrent dislocation, status post right shoulder arthroscopy on 02/26/2013, status post left total knee replacement on 12/14/2012, and status post left knee lysis of adhesions and manipulation under anesthesia on 08/15/2013. The injured worker was evaluated on 12/03/2013. The injured worker reported persistent left knee and right shoulder pain, rated 7/10. Physical examination on that date revealed limited range of motion of bilateral knees and diminished strength in the left lower extremity. Treatment recommendations included continuation of current medication including Norco, tramadol, omeprazole, and Flexeril.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETRO PRILOSEC 20MG #80 2X A DAY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDS, 68-69

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-70.

**Decision rationale:** The MTUS Chronic Pain Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. There is no evidence in the medical records provided for review of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the injured worker does not meet criteria for the requested medication. As such, the request is not medically necessary and appropriate.

**RETRO NORCO 10/325MG #80 2X A DAY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, 91

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** The MTUS Chronic Pain Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized Norco since 03/2013. There is no evidence of objective functional improvement as a result of the ongoing use of this medication. Therefore, the request cannot be determined as medically appropriate. As such, the request is not medically necessary and appropriate.