

<b>Case Number:</b>	CM14-0008318		
<b>Date Assigned:</b>	02/10/2014	<b>Date of Injury:</b>	08/22/2000
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 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 is a 51-year-old male with a 8/22/00 date of injury. He was employed by [REDACTED] when he sustained cumulative trauma. On 10/2/13 the patient had persistent knee pain and popping. He takes medications to remain functional. On 12/12/13, the reported 6 to 8/10 knee pain, and states that Vicodin reduces the pain to a 4/10. Objective: left lower extremity extends to 180 degrees and flexion to 110. The diagnostic impression is Internal Derangement of the left knee, Back Sprain, and Left Ankle Sprain. The treatment to date: activity modification, bracing, transcutaneous electrical nerve stimulation (TENS) unit, physical therapy, medication management, Synvisc injections to right knee x 3, right knee partial meniscectomy, neurectomy of the sural nerve. A utilization review (UR) decision dated 12/30/13 denied Naproxen based on the fact that it is unclear how long the patient has been taking it and periodic laboratory monitoring of a complete blood count (CBC) and chemistry profile may be necessary for chronic non-steroidal anti-inflammatory drug (NSAID) intake. Protonix was denied since the requested NSAID was not found to be medically necessary. Vicodin was denied based on the fact that there was no recent urine drug screen noted and that plans to taper the opioid were not documented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 TABLETS OF NAPROXEN 550MG, BETWEEN 12/24/2013 AND 2/7/2014:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67. Decision based on Non-MTUS Citation (ODG), Pain Chapter

**Decision rationale:** The CA MTUS states that non-steroidal anti-inflammatory drugs (NSAIDs) are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, the Official Disability Guidelines (ODG) states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. In this case, this patient has a 2000 date of injury with chronic lower back, ankle, and knee pain. He is pending surgery of bilateral knees. The guidelines do support the use of NSAIDs in treatment of moderate to severe pain. Although it is not clearly noted the exact time frame the patient has been on the NSAIDs, there are no specific time frame requirements noted in the guidelines. This patient is not documented to have any adverse side effects from the use of NSAIDs and he is noted to be functional on his current medication regimen. This request, as submitted, is medically necessary.

**60 TABLETS OF PROTONIX 20MG, BETWEEN 12/24/2013 AND 2/7/2014:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton pump inhibitor (PPI).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Pain Chapter, Food and Drug Administration (FDA), Pantoprazole

**Decision rationale:** The CA MTUS does not specifically address Protonix. The Official Disability Guidelines (ODG) states proton pump inhibitors are recommended for patients at risk for gastrointestinal events. In addition, a trial of Omeprazole or Lansoprazole is recommended before Pantoprazole (Protonix) therapy, as Pantoprazole (Protonix) is considered second-line therapy. However, there is no clear discussion of failure of a first-line agent such as Omeprazole or Lansoprazole prior to the initiation of Protonix. This request, as submitted, is not medically necessary.

**60 TABLETS OF VICODIN EXTRA STRENGTH, BETWEEN 12/24/2013 AND 2/7/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific drug list and criteria for use..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

**Decision rationale:** The CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, there is no discussion regarding endpoints of treatment, lack of adverse side effects, or aberrant behavior. There is no documentation of recent urine drug screens, an opiate pain contract, or Controlled Substance Utilization Review & Evaluation System (CURES) monitoring. The CA MTUS requires clear and concise documentation for ongoing opioid management. Without the documentation as required by the MTUS guidelines, the request is not medically necessary.