

<b>Case Number:</b>	CM14-0102348		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	04/26/2010
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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 Occupational Medicine 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:

The claimant injured his knees on 04/26/10 and reportedly injured his back due to a gait disturbance from his knees. Norco, Motrin, and Prilosec are under review. MRIs of the knees on 05/18/12 revealed medical meniscus tears and he is status post meniscal surgeries (11/2012) but his pain was not relieved and is chronic. An MRI of the lumbar spine dated 11/18/13 documented disc desiccation at L3-4 and L5-S1 and moderate spinal stenosis at L3-4. He has had a panel QME and was eventually found to have reached MMI. He has been taking Norco, Ibuprofen, and Prilosec at least since January 2014. Of note on 01/28/14, the urine drug screen was negative for Hydrocodone and this was inconsistent with what was expected. On 01/28/14, he reported that Norco helps to bring his pain from 7/10 down to 1-2/10. He was walking and exercising. He received refills of his medications. On 02/25/14, he reported that he takes his medications intermittently and waits until the pain is about 7/10 and it comes down to 2/10 with the medications. It appears that this was due to Norco. He was also taking Motrin and Prilosec. He was not running out early and there was no aberrant drug behavior. There were no side effects mentioned. The medications were refilled. At the time of the QME on 03/05/14, he reported no improvement after the knee surgeries. He had very injured knees and probable thinning of the cartilage. His low back pain was thought to be due to gait deviation. His medications included glucosamine, Prilosec, Ibuprofen, and Norco on an as needed basis. Transforaminal steroid injections were recommended to be considered. No additional surgery was recommended. He still had a gait derangement and limp. He had very weak knees. He did not want lumbar spine surgery. On 05/20/14, he reported persistent pain. He was taking Vicodin more regularly but was handling work fairly well. He still had significant pain in his low back and particularly the left knee but with medications he was able to handle his work. He was exercising with a stationary bike and walking daily. He had diminished range of motion of the

lumbar spine and walked without a limp. He had good strength in both lower extremities. He also has chronic low back pain. An MRI showed an L3-4 degenerative disc with a disc bulge at L5-S1, disc desiccation and a disc protrusion crowding the left L5 nerve with right-sided facet changes at L2-3, L4-5, and L5-S1. He was to continue his medications and he was taking 2 Norco a day and was able to work and be functional. He was to start yoga and cardiovascular conditioning. There was not much to be done regarding his low back.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 5/325mg #160:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 110.

**Decision rationale:** The history and documentation do not objectively support the request for the opioid Norco 5/325 mg #160. The MTUS outlines several components of initiating and continuing opioid treatment and states "a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." In these records, there is no documentation of trials and subsequent failure of or intolerance to first-line drugs such as acetaminophen or nonsteroidal anti-inflammatory drugs. MTUS further explains, "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." There is also no indication that periodic monitoring of the claimant's pattern of use and a response to this medication, including assessment of pain relief and functional benefit, has been or will be done. Additionally, the 4A's "analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors" should be monitored and documented per the guidelines. There is no indication that the inconsistent finding of the urine drug test (negative for Hydrocodone) was addressed with the claimant or any indication that additional urine drug tests have been done or are planned. There is no evidence that a signed pain agreement is on file at the provider's office and no evidence that a pain diary has been recommended and is being kept by the claimant and reviewed by the prescriber. As such, the medical necessity of the ongoing use of Norco 5/325 mg #160 has not been clearly demonstrated.

**Motrin 800mg #240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67,68,72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 102.

**Decision rationale:** The history and documentation do not objectively support the request for continued use of Motrin 800 mg #240 for the claimant's ongoing pain. The MTUS state re: NSAIDs "Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxen being the safest drug). There is no evidence of long-term effectiveness for pain or function. (Chen, 2008) (Laine, 2008) Back Pain -Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. Neuropathic pain: There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain." In this case, there is evidence of degenerative joint disease, not described as osteoarthritis, and no indication that this medication is being use for acute exacerbations of chronic pain. The claimant's pattern of use of this medication is unclear, including when he takes it, what pain relief he receives, how long it lasts, or the objective measurable or functional benefit he receives from it. There is no evidence of significant inflammation to support its use prior to a trial of first line medication such as acetaminophen. The medical necessity of the use of Motrin 800 mg for ongoing pain in this case has not been clearly demonstrated.

**Prilosec (No Dosage) #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors Page(s): 102.

**Decision rationale:** The history and documentation do not objectively support the request for Prilosec #180, dosage unknown. The MTUS state re: PPIs "patients at intermediate risk for gastrointestinal events and no cardiovascular disease :(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. In this case, there is no documentation of GI conditions or increased risk to support the use of this medication. The medical necessity of this request for Prilosec #180 has not been clearly demonstrated.