

<b>Case Number:</b>	CM14-0122152		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	12/06/2010
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	07/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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:

Injured worker is a male with date of injury 12/6/2010. Per pain management progress note dated 6/24/2014, the injured worker has increased the gabapentin which seems to be helping with the burning. He presents with unchanged pain in his lumbar spine and right knee and all other pain is gone. His pain is rated 6/10 in the lumbar spine, described as aching, burning, dull, sharp, shooting, spasm. His left knee pain is rated at 1/10 and described as aching. His right knee pain is rated at 5/10 and described as aching, burning, sharp and shooting. Pain in the right foot is described as dull and numb. Right hip pain is described as aching, sharp and shooting. He is currently not working. He reports difficulty with sleep. Lumbar spine examination reveals tenderness to palpation over the right lumbar facets, left lumbar facets and right lateral hip. Gait is compensated. Range of motion is limited and there is pain with extension and forward flexion. There is tenderness laterally in the right hip and medial pain in the right knee without swelling, warmth or erythema. Diagnoses include 1) joint pain, right knee 2) lumbosacral disc degeneration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #60 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications Page(s): 74-95, 124.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The requesting provider reports that the injured worker has 50% relief with the use of Norco. There is no assessment of functional improvement, side effects, or aberrant drug behavior with the use of Norco. The only medication that is reported to be having significant effect is gabapentin. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 10/325mg #60 with 1 refill is not medically necessary.

**Omeprazole 20mg #30 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68, 69.

**Decision rationale:** Proton pump inhibitors, such as omeprazole are recommended when using NSAIDs if there is a risk for gastrointestinal events. Continued use of NSAIDs is not recommended with this injured worker. Without the use of NSAIDs, continued use of omeprazole is not indicated. The request for Omeprazole 20mg #30 with 5 refills is not medically necessary.

**Pennsaid 1.5% 150mg with 5 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs section, Topical Analgesics Page(s): 67-73, 111-113..

**Decision rationale:** The MTUS Guidelines recommend the use of NSAIDs for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. Topical NSAIDs have been shown to be superior to placebo for 4-12 weeks for osteoarthritis of the knee. Diclofenac is supported for knee pain. The injured worker is noted to have been utilizing this medication since 12/10/2013. Chronic use of this medication is not consistent with the

recommendations in the MTUS Guidelines. The request for Pennsaid 1.5% 150mg with 5 refills is not medically necessary.