

Case Number:	CM14-0126485		
Date Assigned:	09/05/2014	Date of Injury:	05/24/2011
Decision Date:	10/02/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/09/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 60-year-old female with date of injury of 05/24/2011. The listed diagnoses per [REDACTED] dated 03/13/2014 are: 1. Status post right knee arthroscopic surgery from July 2012. 2. Right knee moderate to severe degenerative joint disease. According to this report, the patient complains of right knee pain that she rates 6/10 to 7/10 with limitations in squatting, bending and kneeling. The examination of the right knee shows crepitus in all 3 compartments with motion. Positive McMurray's testing was noted creating medial and lateral joint line pain. Mild swelling about the knee, but no signs of infection or DVT. Popliteal pulse is 2+. 4+/5 quad and hamstring strength. There are no signs of bruising. The patient has a mildly antalgic gait with the use of a single-point cane. The utilization review denied the request on 07/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550 MG X 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) chapter Page(s):.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60, 61.

Decision rationale: This patient presents with right knee pain. The treating physician is requesting Naproxen 550 mg, #60. The MTUS Guidelines page 22 on anti-inflammatory medications states that anti-inflammatories are the traditional first line treatment to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. MTUS page 60 also states that pain assessment and functional changes must also be noted when medications are used for chronic pain. The utilization review denying the request is missing. The records show that the patient has not used naproxen in the past. Given that MTUS supports the use of NSAIDs as a first-line treatment, this request is medically necessary.

Norco 10/325 MG x 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long-term assessment Page(s): 78.

Decision rationale: This patient presents with right knee pain. The treating physician is requesting Norco 10/325, #90. For chronic opiate use, the MTUS Guidelines page 88 and 89 states that pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS page 78 also requires documentation of the 4As including analgesia, ADLs, adverse side effects, and aberrant drug-seeking behavior as well as "pain assessment" or outcome measures that includes current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The records show that the patient has been taking Norco since 2012. None of the 663 pages of records document pain assessment using a numerical scale describing the patient's pain and function. No outcome measures were provided as well as specific ADLs and return-to-work discussions. There are no discussions regarding side effects and aberrant behavior such as a urine drug screen. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in the MTUS Guidelines. The request is not medically necessary.

Omeprazole 20 MG x 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs, Gastrointestinal (GI) Sympt.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: This patient presents with right knee pain. The treating physician is requesting Omeprazole 20 mg #60. The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms and cardiovascular risks, states that it is recommended with precaution for patients at risk for gastrointestinal events; ages greater than 65; history of peptic ulcer; GI bleed or perforation; concurrent use of ASA, corticosteroids, and/or anticoagulant; high dose/multiple NSAIDs. The records show that the patient has been prescribed Omeprazole since 2012. The

progress report dated 03/27/2012 notes that the patient has GERD and is stable with Omeprazole. The patient also has esophageal reflux. In this case, the treating physician has noted gastrointestinal events and the requested Omeprazole is medically necessary.