

Case Number:	CM14-0134276		
Date Assigned:	08/25/2014	Date of Injury:	08/02/2012
Decision Date:	10/02/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/19/2014

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 and Pain 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 injured worker is a 72 year old female who reported an injury on 08/02/2012 mechanism of injury was a fall. The injured worker had diagnoses including lumbago, trigger finger, and internal derangement. Prior treatment included 12 sessions of physical therapy. Diagnostic studies included an MRI of lumbar spine, an x-ray of the lumbar spine on 02/02/2013, an x-ray of the cervical spine in 2009, as well as x-rays of the right knee, tibia and fibula, and left elbow in 2009. The injured worker underwent right knee surgery. The injured worker complained of an increase in pain to both knees since the prior visit, especially to the right knee. The injured worker rated her knee pain 5-6/10 at the worst on the date of the visit and indicated her pain increased to 8-9/10 without medication. The clinical note dated 10/30/2013 noted the injured worker had no gastric symptoms from the medication Vimovo and she showed significant improvement. There was diffuse percussive tenderness beginning at the lower cervical spine, throughout the thoracic spine, and into the lumbar spine at L2-3 and there was moderate spasm noted in the lower lumbar paraspinal muscles. Cervical range of motion was limited with forward flexion of 90 degrees, extension to 30 degrees, and rotation 70 degrees bilaterally. Lumbar range of motion revealed "fourth flexion of 60 degrees", extension to 10 degrees. Examination of both knees revealed operative scarring. The right knee showed new 2+ effusion. Medications included Norco and Lidoderm patches. The treatment plan included a request for Vimovo 375mg quantity 60 and Norco 10/325mg quantity 60. The physician recommended the medications to lessen the injured worker's pain and improve her function particularly range of motion of the right knee and lower back. The request for authorization was not submitted within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vimovo 375mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs back pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms 68-69 and NSAIDs (non-steroidal anti-inflammatory drugs), pages 67-68. Page(s): 68.

Decision rationale: The request for Vimovo 375mg quantity 60 is not medically necessary. The California MTUS guidelines recommend the use of a proton pump inhibitor (such as omeprazole) for injured workers at intermediate risk for gastrointestinal events with no cardiovascular disease and injured workers at high risk for gastrointestinal events with no cardiovascular disease. The guidelines note injured workers at risk for gastrointestinal events include injured workers over 65 years of age, injured workers with a history of peptic ulcer, GI bleeding or perforation, with concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The California MTUS guidelines recommend the use of NSAIDs for patients with osteoarthritis (including knee and hip) and patients with acute exacerbations of chronic low back pain. The guidelines recommended NSAIDs 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. In patients with acute exacerbations of chronic low back pain, the guidelines recommend NSAIDs as an option for short-term symptomatic relief. The injured worker has been prescribed this medication since at least 10/09/2013; therefore, the continued use of this medication would exceed the guideline recommendations for a short course of treatment. Per the documentation, the injured worker had no gastric symptoms. There is no evidence that the injured worker is at risk for gastrointestinal events or has a history of gastrointestinal bleed, peptic ulcer, or perforation. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The requesting physician's rationale for the request is not indicated within the provided documentation. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. As such, the request is not medically necessary.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 78.

Decision rationale: The request for Norco 10/325mg quantity 60 is not medically necessary. The California MTUS guidelines recommend ongoing review with documentation of pain relief, functional status, appropriate medication use, and side effects. 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The guidelines also recommend providers assess for side effects and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The injured worker has utilized this medication since 10/09/2013; therefore, the continued use of this medication would exceed the guideline recommendations for a short course of treatment. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The requesting physician's rationale for the request is not indicated within the provided documentation. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. As such, the request is not medical necessary.