

<b>Case Number:</b>	CM14-0158912		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	08/20/2011
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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, has a subspecialty in Pain Management 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 male patient with the date of injury of August 20, 2011. A Utilization Review was performed on August 29, 2014 and recommended non-certification of retrospective Norco 10-325, #60 (DOS: 07/09/14); retrospective Protonix 20mg, #60 (DOS: 07/09/14); and retrospective Adipex 37.5mg, #30 (DOS: 07/09/14). A Progress Report dated July 9, 2014 identifies History of Present Illness of painful condition about the left knee. He has osteoarthritis of the left knee and states that his symptoms have not yet resolved. Examination identifies muscle atrophy about the thigh muscle on the left of 2 inches, when compared to the right. Decreased left knee range of motion. Diagnoses identify history of ACL reconstruction left knee, severe osteoarthritis left knee with significant muscle atrophy of the left thigh, and antalgic gait, protecting the right leg. Treatment Plan identifies Norco 10-325 mg #60 for pain, Protonix 20 mg #60 for relief of stomach upset, and Adipex for appetite suppressant.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Norco 10/325 #60, DOS: 7/9/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120.

**Decision rationale:** Regarding the request for Norco (hydrocodone/acetaminophen), the MTUS Chronic Pain Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.

**Retrospective Protonix 20mg #60, DOS: 7/9/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs)

**Decision rationale:** The MTUS Chronic Pain Guidelines states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Additionally, the ODG recommends Nexium, Protonix, Dexilant, and AcipHex for use as 2nd line agents, after failure of omeprazole or lansoprazole. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. Furthermore, there is no indication that the patient has failed first-line agents prior to initiating treatment with pantoprazole (a 2nd line proton pump inhibitor). In the absence of clarity regarding those issues, the currently requested pantoprazole is not medically necessary.

**Retrospective Adipex 37.5mg #30, DOS 7/9/14:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation x Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/pro/adipex-p.html>

**Decision rationale:** The FDA states Adipex is indicated as a short-term (a few weeks) adjunct in a regimen of weight reduction based on exercise, behavioral modification and caloric restriction in the management of exogenous obesity for patients. Within the information made available for

review, there is no indication that there is a regimen of weight reduction based on exercise, behavioral modification and caloric restriction in place. The patient's BMI is not stated. Furthermore, there is no indication of other risk factors. In the absence of such information, the currently requested Adipex is not medically necessary.