

Case Number:	CM14-0159110		
Date Assigned:	10/02/2014	Date of Injury:	09/28/2009
Decision Date:	10/29/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	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 Orthopaedic Surgery, 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 60-year-old male sustained an industrial injury on 9/28/09. The mechanism of injury was not documented. Past medical history was positive for ulcers in the early 1990s, ascribed to Motrin. The patient underwent right total knee replacement on 2/13/14. The 7/29/14 treating physician report indicated that the patient had completed a course of physical therapy which was helpful. He continued to report left more than right side rib pain, some right buttock pain, right knee pain, and stiffness and pain in the right ankle. He was walking without a cane or assistive device. He was taking oral anti-inflammatories twice a day and had been transitioning from Percocet to Norco. He required Prilosec every day for gastritis and took Ambien in the evenings for sleep. Physical exam documented healed right knee incision with no erythema or warmth, and mild soft tissue swelling. Range of motion was 0-105 degrees with no crepitation. The knee was stable to varus/valgus stress. The diagnosis included history of left rib contusion, right hip sprain/strain, status post right total knee arthroplasty, right ankle pain with posterior tibial tendonitis, and symptoms of anxiety, depression and insomnia. The treatment plan requested referral to a psychologist and psychiatrist for evaluation and treatment, and continued physical therapy 2x4. Medications were prescribed to include Celebrex 200 mg twice a day #90 with one refill, omeprazole 20 mg daily as needed for gastritis #90, Ambien 10 mg daily as needed for insomnia #30, and Norco 10/325 mg every 6 hours as needed for severe breakthrough pain #120. Follow-up was scheduled for 6 weeks. The 9/3/14 utilization review modified the request for Celebrex 200 mg #90 with one refill to Celebrex 200 mg #45 as guidelines do not support a dose higher than 200 mg daily. The request for omeprazole was denied as there was no evidence in the patient's clinical records that the patient was at risk for gastrointestinal events. The request for Ambien was denied as the patient had been prescribed this medication since at least 3/25/14 which exceeded guideline recommendations for duration of use. The request for Norco 10/325

mg #120 was modified to Norco 10/325 mg #90 for the purposes of weaning as the patient had improved in the post-operative course and the 6/17/14 treating physician report noted that the patient was to begin weaning off Norco at the next visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS) Page(s): 67-72.

Decision rationale: The California MTUS recommend the use of NSAIDs (non-steroidal anti-inflammatory drugs), like Celebrex, for the treatment of symptoms associated with osteoarthritis and chronic back pain, and as a second line option for acute exacerbations of chronic back pain. Guidelines indicate that there is no evidence of long-term effectiveness for pain or function. It is generally recommended that the lowest effective dose be used for the shortest duration of time consistent with the individual patient treatment goals. The guideline recommended dose is 200 mg a day (single dose or 100 mg twice a day). Guideline criteria have not been met for this request. The use of a NSAIDs is supported in the post-operative course for this patient, however the requested dose markedly exceeds guideline recommendations. The 9/3/14 utilization review modified the request for Celebrex 200 mg #90 with one refill to Celebrex 200 mg #45 consistent with guidelines. There is no compelling reason to support the use of this medication beyond guideline recommendations and prior medication allowance. Therefore, this request is not medically necessary.

Omeprazole 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68-69.

Decision rationale: The California MTUS guidelines recommend the use of proton pump inhibitors (PPIs), such as omeprazole, for patients at risk for gastrointestinal events. Risk factors include age greater than 65 years, history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). PPIs are reported highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. Guideline criteria have been met for the use of this medication given the patient's age, current NSAID use, history of ulcers, and reported gastritis. However, the request for 90 tablets markedly exceeds the dosage noted of Omeprazole

20 mg once daily. There is no compelling reason to support the medical necessity of this quantity. Therefore, this request is not medically necessary.

Ambien 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Mental Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Zolpidem (Ambien®)

Decision rationale: The California Medical Treatment Utilization Schedule does not make recommendations relative to zolpidem or insomnia treatment. The Official Disability Guidelines recommend the use of zolpidem as first-line medication for the short term (two to six week) treatment of insomnia. Guidelines recommend that insomnia treatment be based on the etiology. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific components of insomnia should be addressed including sleep onset, sleep maintenance, sleep quality, and next-day functioning. Guideline criteria have not been met for continued use. Ambien has been used since at least 3/25/14 which exceeds guideline recommendations for 2-6 weeks of treatment. There are current psychological symptoms documented and a psychological referral has been recommended. There is no current documentation relative to the components of insomnia. Therefore, this request is not medically necessary.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Hydrocodone/acetaminophen Page(s): 76-80, 91.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support the use of hydrocodone/acetaminophen (Norco) for moderate to moderately severe pain on an as needed basis with a maximum dose of 8 tablets per day. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. On-going management requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Guidelines suggest that opioids be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. Gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. Guideline criteria have not been met for continued use. There is no current documentation of specific pain reduction or functional improvement associated with the use of Norco to support continued use. The current prescription

is for severe breakthrough pain. There is no documentation that the patient requires frequent use of Norco to support the quantity requested. The 9/3/14 utilization review modified the request for Norco 10/325 mg #120 to Norco 10/325 mg #90 for the purposes of weaning. There is no compelling reason to support the medical necessity of Norco beyond the amount previously allowed. Therefore, this request is not medically necessary.