

<b>Case Number:</b>	CM14-0184086		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	01/15/2005
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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 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 female patient with the date of injury of January 15, 2005. A Utilization Review dated October 30, 2014 recommended modification of 1 prescription of Norco 10/325mg #90 to 1 prescription of Norco 10/325mg #46 and non-certification of Protonix 20mg #60. A Follow-up Evaluation dated September 23, 2014 identifies Subjective Complaints of popping and clicking, instability, numbness and pain. Objective Findings identify tenderness along the right knee. Extension is at 170 degrees and flexion 110 degrees. There is tenderness along the medial greater than lateral joint line. She has crepitation with range of motion. She has McMurray's positive medially. She has 1+ anterior drawer test, and positive compression test. Diagnoses identify internal derangement of the knee, status post three arthroscopies, and chronic pain syndrome. Treatment Plan identifies medication including Norco 10/325 mg #90 and Protonix 20mg #60. She takes medications to be functional. Without the medications, she cannot do activities of daily living, as well as independent activities of daily living. Pain medication gives her 30% to 40% reduction in her pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment 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, pain medications allow the patient to be functional and reduce pain. However, there is no documentation regarding side effects and no discussion regarding aberrant use. A one-month prescription of medication should allow the requesting physician time to document those things. As such, the currently requested Norco (hydrocodone/acetaminophen) is medically necessary.

**Protonix 20mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 68-69 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors PPIs

**Decision rationale:** Regarding the request for pantoprazole (Protonix), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to non-steroidal anti-inflammatory drug (NSAID) therapy or for patients at risk for gastrointestinal events with NSAID use. Additionally, 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.