

<b>Case Number:</b>	CM14-0020749		
<b>Date Assigned:</b>	05/12/2014	<b>Date of Injury:</b>	06/14/2009
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	01/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee and hip pain reportedly associated with an industrial injury of June 14, 2009. Thus far, the applicant has been treated with analgesic medications, earlier knee arthroscopy, opioid therapy, unspecified amounts of physical therapy, and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated January 14, 2014, the claims administrator denied a request for Norco and Protonix while apparently approving a request for Naprosyn. The applicant's attorney subsequently appealed. In a progress note dated August 7, 2013 the applicant presented with persistent knee pain. The applicant's low back pain was apparently quiescent on this date. The applicant was described as not working, and was deemed a qualified injured worker. There was no discussion of medication usage or medication efficacy. On October 30, 2013, the applicant was again described as not working and deemed a qualified injured worker. Neck pain, knee pain, and shoulder pain were reported. On December 30, 2013, the applicant was again described as reporting persistent knee, ankle, and shoulder pain. Again, there was no mention of medication choice, medication selection, or medication efficacy. The applicant was not apparently working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 5/325 MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 91.

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

**Decision rationale:** As noted on page 80 of the California MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant has not seemingly met these criteria. The applicant reports continued pain from visit to visit. There is no discussion of any diminution in pain symptoms achieved as a result of ongoing Norco usage. The applicant has failed to return to work and has been deemed a qualified injured worker. The attending provider has not made any mention of improvements in function achieved as a result of ongoing usage of Norco. Therefore, the request is not medically necessary.

**PROTONIX 20 MG #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68-69.

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

**Decision rationale:** Page 69 of the California MTUS Chronic Pain Medical Treatment Guidelines does support usage of proton pump inhibitors such as Protonix in the treatment of NSAID-induced dyspepsia. In this case, however, there was no mention of any issues with reflux, heartburn, and/or dyspepsia made on any recent progress note either in the body of the report or in the review of systems section. Therefore, the request for Protonix, a proton pump inhibitor, is not medically necessary.