

<b>Case Number:</b>	CM14-0028791		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	09/11/2002
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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 Medicine, and is licensed to practice in Texas and Oklahoma. 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 46-year-old male who reported an injury on 9/11/02. The mechanism of injury was not submitted within the documentation. The injured worker was noted to have prior treatment with NSAIDS, opiates, and epidural steroid injections. The injured worker's diagnoses were noted to be lumbar radiculopathy, spinal/lumbar degenerative disc disease, hip pain, and hip degenerative joint disease. The injured worker had an evaluation on 5/22/14. The injured worker presented as a status post total right hip arthroplasty. The injured worker's complaints of pain at this visit were noted to be low backache pain. The injured worker rated his pain with medication at 5/10; without medication, his pain was at 8/10. He did not indicate any other locations of pain. He did not indicate new problems or side effects. The physical examination to the lumbar spine noted tenderness on palpation to both sides of the paravertebral muscles. There was no tenderness on palpation to the right hip. It is noted that the injured worker had a urine toxicology report on 3/27/14 with results consistent with the current medication regimen. The treatment plan included refilling medications including tramadol, Robaxin, Norco, ibuprofen, and Zegerid.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 PRESCRIPTION OF IBUPROFEN 800MG #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72, 22.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines indicate ibuprofen for mild pain to moderate pain. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The dosing for ibuprofen recommended by the guidelines is 400 mg by mouth every 4-6 hours as needed. The documentation provided with the review does not indicate the injured worker using ibuprofen with efficacy. The provider's request does not indicate a dosage frequency. As such, the request is not medically necessary.

**1 PRESCRIPTION OF ZEGRID 40MG #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines = Page(s): 68.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines provide recommendations for patients at intermediate risk for gastrointestinal events and no cardiovascular disease. The guidelines recommend a nonselective NSAID with a proton pump inhibitor. The medication Zegerid is a proton pump inhibitor containing Omeprazole and sodium bicarbonate. It is noted in the physical examination on 5/22/14 that the injured worker has gastrointestinal upset. The evaluation continues with a treatment plan including Zegerid for GI upset; however, a dose frequency is not indicated. It is not noted that Zegerid provides efficacy and increases function. As such, the request is not medically necessary.

**1 PRESCRIPTION OF NORCO 10/325MG #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines = Page(s): 78.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines indicate criteria for ongoing management of opioids. This includes the lowest possible dose should be prescribed to improve pain and function. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids and these include: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant or non-adherent drug related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of clinical use of these

controlled drugs. It is documented in the clinical evaluation on 5/22/14 that the injured worker uses Norco for severe pain. He notes that he is in severe pain by the end of the work day. He states that Norco effectively decreases pain flare up in the evening but makes him feel drowsy, so he is unable to take while working. The patient notes 70% pain relief with use of Norco at night. The documentation does provide efficacy of Norco; however, it does not specify a particular dose frequency for Norco. Norco has a side effect with the injured worker as makes him feel drowsy. The injured worker states he is unable to take Norco while working, thus indicating a side effect and a physical and psychosocial functioning impairment while using Norco. The provider's request for Norco does not indicate a frequency. As such, the request is not medically necessary.

**1 FOLLOW UP WITH ORTHOPEDIC SURGEON FOR RIGHT HIP RE-EVALUATION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**Decision rationale:** The Official Disability Guidelines indicate that office visits are recommended as determined to be medically necessary. The need for a clinical office visit with a healthcare provider is individualized based upon a review of the patient concerns, signs, and symptoms, clinical stability, and reasonable physician judgment. The injured worker had a clinical evaluation on 5/22/14. The objective findings included no tenderness upon palpation of the right hip. The injured worker's only complaints were low back pain. The injured worker had a total right hip arthroplasty on 9/17/11. It is not noted within the documentation submitted for review that there are any reasonable side effects or complaints of right hip pain to warrant an orthopedic surgeon re-evaluation of the right hip. As such, the request is not medically necessary.