

<b>Case Number:</b>	CM14-0043163		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	05/30/2007
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	03/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2014

### **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 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 patient is a female of unknown age with date of injury 5/30/07. The treating physician report dated 2/26/14 is hand written and is mostly illegible. There is a check box that indicates, No Change. The 11/6/13 report is also mostly illegible but states that the left knee is doing well with no new problems. The utilization review report dated 03/20/2014 denied the request for Omeprazole and modified the request for Norco based on lack of documentation.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**PROSPECTIVE USAGE OF NORCO 5/325 WITH 5 REFILLS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, pages, 88 and 89.

**Decision rationale:** The patient presents with chronic knee pain and according to the UR report dated 3/20/14 the patient has a depressive disorder status post left total knee arthroplasty. The current request is for Norco 5/325 of unknown quantity. The reports submitted for review lack subjective findings, objective findings, response to medication usage and show no objective functional Improvements. The MTUS guidelines indicate that Norco is indicated for moderate to moderately severe pain. MTUS, pages 88 and 89 states document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). In this case, such documentation is not provided. MTUS further discusses under outcome measures, documentation of average pain level, time it takes for medication to work, duration of relief with medication, etc. are required. In this patient, none of these are provided. The reports submitted do not provide adequate documentation to show medication efficacy and do not meet the MTUS requirements. Recommendation is not medically necessary.

**PROSPECTIVE USAGE OF OMEPRAZOLE WITH 5 REFILLS:** 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 PROCEDURE SUMMARY.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) pg 67-69.

**Decision rationale:** The patient presents with chronic knee pain and according to the UR report dated 3/20/14 the patient has a depressive disorder status post left total knee arthroplasty. The current request is for Omeprazole with 5 refills. The treating physician has failed to document any rationale for the usage of Omeprazole. There are no reports of any G/I risks and there is no quantity or dosage found for this medication prescription. The MTUS guidelines support the use of Omeprazole for gastric side effects due to NSAID use. ODG also states that PPIs are recommended for patients at risk for gastrointestinal events. The provider in this case has not documented that the patient has any G/I symptoms that require an H2 receptor antagonist or a PPI. This request is not medically necessary.

