

<b>Case Number:</b>	CM14-0048161		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	07/18/1997
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 Emergency 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:

Patient with reported date of injury on July 18, 1997. Mechanism of injury was not provided. Patient has a history of prior L ankle fusion and R knee arthroscopy. Patient has a diagnosis of talonavicular arthritis in L ankle status post fusion, posterior tibialis tendonitis post arthroscopy, R knee pain and L Sural sensory mononeuropathy. Medical records reviewed. Last report available until May 9, 2014. The patient complains of R knee and L ankle pains. Pain worsens with standing. Also notes tingling and numbness to leg. R knee has popping and clicking. Patient uses a brace. Objective exam reveals full range of motion of R knee with crepitation. L heel with some weakness with dorsiflexion and plantarflexion. Tenderness along ankle. No swelling noted. There are reports of response to denial dated April 7, 2014 and May 9, 2014. Patient works full time. Patient has chronic pains and takes 4 tablets of norco per day. Pain improves from 8-10/10 to 3-4/10. It is noted that patient has signed a pain contract. It is noted that patient has no side effects from pain medications and has no signs of abuse. No advance imaging reports were provided. EMG (electromyogram)/NCV (nerve conduction velocity) from March 15, 2013 reveals L Sural sensory mononeuropathy causing L lateral calf and foot paresthesia. No evidence of R sided anomaly or radiculopathy. Independent Medical Review is for Norco 10/325 #120, Protonix 20mg #60 and Protonix 20mg #60 (retrospective March 7, 2014). Prior UR on March 21, 2014 modified norco to #60 and Protonix to #30 tabs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, 240 count:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 78-82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 76-78 Page(s): 76-78.

**Decision rationale:** There are reports of response to denial dated April 7 and May 9, 2014. Patient works full time. Patient has chronic pains and takes 4tablets of norco per day. Pain improves from 8-10/10 to 3-4/10. It is noted that patient has signed a pain contract. It is noted that patient has no side effects from pain medications and has no signs of abuse. Norco is acetaminophen and hydrocodone, an opioid. According to the Chronic Pain Medical Treatment Guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation does meet the appropriate documentation or analgesia criteria. The number of tablets prescribed is also also appropriate and is a 30day supply if patient takes 4tablets a day as documented. It meets monitoring requirements according to the Chronic Pain Medical Treatment Guidelines. The request for Norco 10/325mg, 240 count, is medically necessary and appropriate.

**Protonix 20mg, sixty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID'S, GI Symptoms Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines - Proton Pump Inhibitors.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk, page(s) 68-69 Page(s): 68-69.

**Decision rationale:** Protonix was prescribed to buffer the stomach due to gastritis. Protonix is a proton-pump inhibitor (PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. As per MTUS Chronic pain guidelines, a PPI may be considered if patient is high risk for gastrointestinal events or have signs of dyspepsia when on NSAIDs. There is no documentation that patient is on any NSAIDs although he has vague gastritis symptoms. The request for Protonix 20mg, sixty count, is not medically necessary or appropriate.

**Protonix 20mg, sixty count, provided on March 7, 2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID'S, GI Symptoms Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines - Proton Pump Inhibitors.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk, page(s) 68-69 Page(s): 68-69.

**Decision rationale:** Protonix was prescribed to buffer the stomach due to gastritis. Protonix is a proton-pump inhibitor(PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or

dyspepsia from NSAIDs. According to the Chronic Pain Medical Treatment Guidelines, a PPI may be considered if patient is high risk for gastrointestinal events or have signs of dyspepsia when on NSAIDs. There is no documentation that patient is on any NSAIDs although he has vague gastritis symptoms. The request for Protonix 20mg, sixty count, provided on March 7, 2014, is not medically necessary or appropriate.