

Case Number:	CM14-0078290		
Date Assigned:	07/18/2014	Date of Injury:	11/12/1985
Decision Date:	09/24/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/28/2014

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 Orthopedic Surgery 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 records, presented for review, indicate that this 50-year-old individual was reportedly injured on November 12, 1985. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated July 25, 2014, indicated that there were ongoing complaints of left knee pain. The physical examination demonstrated requirement of a cane for ambulation. The injured employee is a 5'8", 120 pound individual with no other findings reported. Diagnostic imaging studies objectified posttraumatic arthritis. Previous treatment included multiple analgesics and non-steroidal anti-inflammatories. A request had been made for multiple medications and was not certified in the pre-authorization process on April 29, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120 for 10 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-80. Decision based on Non-MTUS Citation Opioid Treatment Guidelines from the American Pain Society and the American Academy of Pain Medicine, in addition to various review articles (see Dr. Ballantyne and Dr. Mao's review article from the New England Journal of Medicine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91 of 127.

Decision rationale: As outlined in the MTUS, this medication is a short acting opioid indicated for the management of moderate to severe breakthrough pain. However, the lowest possible dose is to be employed, and there is to be objective occasion of increased functionality or decreased symptomatology. The progress note indicated that there were comorbidities of osteoarthritis of the hip, which is going to require surgical intervention. Additionally, there is no notation that the utilization of narcotic analgesics is having any efficacy or utility. Therefore, based on the clinical information presented in the progress notes reviewed, there is no clinical indication for the continued use of this medication.

Prevacid 30mg #30 for 30 day supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter: Proton Pump Inhibitors, FDA (Lansoprazole).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69 of 127.

Decision rationale: Prevacid (Lansoprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. There is no documentation presented as to the use of the medications necessary or the clinical situations being present that would require the use of such a medication. There were no complaints of gastrointestinal distress or a sequelae of the medications being employed. Therefore, the request is not medically necessary.