

Case Number:	CM14-0092137		
Date Assigned:	07/25/2014	Date of Injury:	09/05/2012
Decision Date:	09/26/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/18/2014

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 has filed a claim for chronic knee pain reportedly associated with an industrial injury of September 5, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; earlier knee arthroscopy; and unspecified amounts of the physical therapy and viscosupplementation injections. In a June 17, 2014, progress note, the claims administrator approved a request for Docuprene, denied a request for Norco, denied a request for Naprosyn, and denied a request for Prilosec. The applicant's attorney subsequently appealed. In a July 1, 2014, progress note, the applicant reported persistent complaints of knee pain. The applicant was given refills of Norco, Prilosec and Docuprene. The applicant was asked to continue home exercises. The attending provider stated that the applicant's pain was well controlled through ongoing usage of Norco and the Prilosec was ameliorating the applicant's complains of GI irritation. The applicant was asked to continue regular duty work. In an earlier note dated June 12, 2014, the applicant was again returned to regular duty work. The applicant was still working as school bus driver, it was noted, despite ongoing complaints of knee pain. The applicant was asked to employ the following medications: Naprosyn, Norco, Prilosec, Docuprene and glucosamine-chondroitin. The applicant was described as having some element of knee arthritis, it was incidentally noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Topics Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy includes evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant is, in fact, working regular duty as a school bus driver, reportedly achieved as result of ongoing Norco usage. The applicant's pain complaints are likewise well controlled with ongoing twice-daily Norco usage. The attending provider has posited. The applicant is reportedly deriving appropriate analgesia and improved ability to perform home exercises with the same, it was further posited. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary, medically.

Naproxen 550 mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67, 68, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naprosyn Topic Page(s): 66.

Decision rationale: As noted on page 66 of the MTUS Chronic Pain Medical Treatment Guidelines, Naprosyn is an NSAID drug indicated in the relief of signs and symptoms of arthritis. In this case, as with the other medications, the attending provider has posited that ongoing usage of Naprosyn has ameliorated the applicant's knee pain, improved the applicant's ability to perform activities of daily living, and facilitate the applicant's returning to and/or maintaining regular duty work status. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.

Prilosec 20 mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Topic Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitor such as Prilosec are indicated to combat issues with NSAID-induced dyspepsia. In this case, the attending provider did report on July 1, 2014, progress note, that the applicant's gastrointestinal complaints of dyspepsia had been successfully ameliorated/attenuated with ongoing Prilosec usage. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.

