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| Case Number: | CM14-0097265 | | |
| Date Assigned: | 07/28/2014 | Date of Injury: | 05/22/2012 |
| Decision Date: | 08/28/2014 | UR Denial Date: | 06/16/2014 |
| Priority: | Standard | Application Received: | 06/25/2014 |

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. 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 52 year old female injured on 05/22/12 as a result of bending while performing normal duties resulting in an injury to the right knee. Treatment to date includes arthroscopic knee surgery x 2, physical therapy, knee brace, Synvisc injection x 3, and medication management. Current diagnoses include knee arthralgia, knee medial meniscus tear, knee chondromalacia patella, and knee degenerative osteoarthritis. The clinical note dated 04/14/14 indicates the injured worker presented with continued neck and mid/low back conditions. The injured worker reports constant neck pain radiating into the upper extremities with associated intermittent numbness and tingling into the hands and fingers. The injured worker also complains of back pain with radiation of pain into the lower extremities. Physical assessment revealed ambulation with assistance of a cane, right knee tenderness, and decreased range of motion. The most recent surgical intervention was performed in October of 2013. Current medications include Duexis 800/26.6mg three times daily, Norco 10/325mg every 12 hours, Prilosec 20mg daily, Ultracet 37.5/325mg every 12 hours, and Voltaren gel. The initial request for Duexis 800/26.6mg, Norco 10/325mg #60, Prilosec 20mg, Ultracet 37.5/325mg, and Voltaren gel 1% (Diclofenac) was initially non-certified on 06/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800-26.6mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Insert Section (for example Knee)>, Duexis[®] (ibuprofen & famotidine).

Decision rationale: As noted in the Official Disability Guidelines, Online version, Duexis is not recommended as a first-line drug. Duexis is indicated for the treatment of rheumatoid arthritis and osteoarthritis. There is no documentation the injured worker has been diagnosed with either of the above mentioned illnesses. Duexis is a combination of Ibuprofen and famotidine which are available in multiple strengths over-the-counter. There is no indication the injured worker cannot utilize the over-the-counter version of these medications without benefit. With less benefit and higher cost, it would be difficult to justify using Duexis as a first-line therapy. As such, the request for Duexis 800-26.6mg cannot be recommended as medically necessary.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. There are no documented visual analogue scale (VAS) pain scores for this injured worker with or without medications. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Norco 10/325mg #60 cannot be established at this time. Therefore the request is not medically necessary.

Prilosec 20mg: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors.

Decision rationale: As noted in the Official Disability Guidelines, Online version, Pain Chapter, proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age > 65 years; history of peptic ulcer, gastrointestinal (GI) bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is no indication that the injured worker is at risk for gastrointestinal events nor is there documentation the injured worker has gastrointestinal related complaints requiring the use of proton pump inhibitors. Furthermore, long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. As such, the request for Prilosec 20mg is not medically necessary.

Ultracet 37.5- 325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. There are no documented visual analogue scale (VAS) pain scores for this injured worker with or without medications. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Ultracet 37.5- 325mg cannot be established at this time and is therefore not medically necessary.