

Case Number:	CM14-0182730		
Date Assigned:	11/07/2014	Date of Injury:	05/09/2013
Decision Date:	01/30/2015	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	11/03/2014

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 Rehab, has a subspecialty in Interventional spine 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 47 year old male with an injury date of 05/09/13. The patient is status post right knee surgery on 10/09/13, as per progress report dated 08/21/14. Based on 08/27/14 progress report, the patient complains of pain in the knee. In progress report dated 08/21/14, the patient reports intermittent pain and discomfort in the neck which radiates to the upper back and increases with prolonged tilting or activity. The patient also suffers from constant discomfort and pain in the mid back and intermittent pain in the lower back which radiates down to the lower extremities. He also presents with constant pain and discomfort in the knees accompanied by swelling and "clicking and popping" sounds. Physical examination reveals tenderness to palpation in the spinal processes from L1 through S1 and the sacroiliac joint. There is tenderness and spasms in the lumbar paravertebral, gluteus and piriformis muscles of the lumbar spine. Flexion, extension and right lateral bending of the lumbar spine are painful. Straight leg raise and Lasegue's test are positive bilaterally. There is decreased sensation along the L4 dermatome. Physical examination of the knees reveals antalgic gait along with swelling in the peripatellar area on the right. There is tenderness to palpation in the medial and lateral joint line. Range of motion is limited and restricted. The patient benefited from physical therapy temporarily and also received a cortisone injection with no relief, as per progress report dated 08/21/14. Current medications include Hydrocodone, Lyrica, Omeprazole, Naproxen, and anti-depressants. The patient received braces, crutches, physical therapy and medications after the surgery, as per the same progress report. He was given Toradol injection on 06/17/14. The patient is currently not working, as per progress report dated 08/21/14. MRI of the Lumbar Spine (no date mentioned), as per progress report dated 08/21/14: Congenital narrowing of the central canal and facet degenerative changes MRI of the Right Knee, 06/19/14, as per progress report dated 08/21/14:- Stable mild mucinous degeneration of the posterior horn of the medial meniscus- Stable minimal

thinning and fraying of the medial femoral articular cartilage- Stable minimal fibrosis with half inch padDiagnoses, 08/21/14:- Right knee contusion- Medial meniscus tear, right knee- Status post right knee surgery, 10/09/14- Mucinous degeneration of the posterior horn of the medial meniscus, right knee- Fraying of the medial femoral articular cartilage, right kneeThe treater is requesting for (a) OMEPRAZOLE 20 mg TID # 60 (b) NORCO 10/325 mg # 60. The utilization review determination being challenged is dated 10/02/14. Treatment reports were provided from 04/14/14 -08/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg TID #60: Upheld

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

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

Decision rationale: The patient presents primarily with a pain in the right knee accompanied by intermittent pain in neck, upper back, middle back, and lower back which radiates to the lower extremities, as per progress report dated 08/21/14. The request is for Omeprazole 20 mg TID # 60. The patient is status post right knee surgery on 10/09/13, as per the same progress report. MTUS page 69 states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, a prescription for Prilosec (omeprazole) and Naproxen (NSAID) was first noted in progress report dated 04/17/14. The patient has been taking the medications consistently since then. However, the latest progress report dated 08/27/14 contains a prescription for Omeprazole but not Naproxen. Additionally, the treater does not discuss the need for Omeprazole. There are no gastric side effects related to NSAIDs. The patient is less than 65 years of age, and there is no documented history of gastrointestinal issues in the progress reports. The treater does not mention concurrent use of ASA, corticosteroids, and/or an anticoagulant as well. Given the lack of adequate documentation in terms of GI risk assessment, this request is not medically necessary.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 88 and 89, 78.

Decision rationale: The patient presents primarily with a pain in the right knee accompanied by intermittent pain in neck, upper back, middle back, and lower back which radiates to the lower extremities, as per progress report dated 08/21/14. The request is for Norco 10/325 mg # 60. The patient is status post right knee surgery on 10/09/13, as per the same progress report. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The prescription for an opioid is first noted in progress report dated 04/14/14. The patient has consistently received the medication since then. However, the treater does not discuss a change in pain scale or improvement in function. A urine drug test dated 08/27/14 was consistent with Hydrocodone use. The treater does not document side effects and aberrant behavior as well. The four A's, including analgesia, specific ADL's, adverse reactions, and aberrant behavior, are not specifically addressed. The request is not medically necessary.