

Case Number:	CM14-0188848		
Date Assigned:	11/19/2014	Date of Injury:	02/02/2013
Decision Date:	01/07/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/12/2014

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 Internal 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 injured worker is a 36 year old male with a date of injury of February 2, 2013. Diagnoses include right knee pain and right hand metacarpal fracture. Treatment modalities included medications, diet modifications, and further care and monitoring. Magnetic resonance imaging scan of the right knee dated March 4, 2013 showed subluxed patella with associated edema, degenerated meniscus tendinosis. Progress report dated October 9, 2014 showed right knee pain had increased. There was a lot of low back pain as well. Work status was noted as permanent and stationary. Current treatment plan was for Norco, Motrin, and omeprazole. Utilization review form dated October 29, 2014 non certified Norco 10/325mg Qty 120 and Omeprazole 20mg Qty 30 due to lack of functional improvement and lack of compliance with California Medical Treatment Utilization Schedule (MTUS) guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg Qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 9792.20 Page(s): 72-79.

Decision rationale: Based on California Medical Treatment Utilization Schedule (MTUS) guidelines, short-acting opioids are seen as an effective method in controlling pain. They are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. These adjunct agents may limit the upper range of dosing of short-acting agents due to their adverse effects. The duration of action is generally 3-4 hours. When considering opioids for on-going management of chronic pain, adequate review and documentation of pain relief, functional status, appropriate medication use, and side effects should be documented. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Consideration of a consultation with a multidisciplinary pain clinic is recommended if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Some of the reasons for discontinuation of opioids include if there is no overall improvement in function, unless there are extenuating circumstances, if there is continuing pain with evidence of intolerable adverse effects, if there is decrease of functioning, or resolution of pain. In this case, the patient has been on Norco for at least several months without good documentation of improved overall function or decreased pain levels. He also was receiving pain medication from more than one physician even though he claimed he did not realize that was not appropriate. Also, there is no good documentation regarding how long his pain is relieved with these medications and how long it takes for them to give him pain relief. Therefore, based on MTUS guidelines and the evidence in this case, the request for Norco 10/325 mg #120 is not medically necessary.

Omeprazole 20mg Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 9792.20 Page(s): 68.

Decision rationale: Based on California Medical Treatment Utilization Schedule (MTUS) guidelines, patients who are at risk for gastrointestinal events include: patients 65 years old, patients with a history of peptic ulcer, gastrointestinal bleeding or perforation, patients with concurrent use of aspirin, corticosteroids, and /or an anticoagulant, or high dose/multiple NSAID use. In patients with no risk factors and no cardiovascular disease, a non-selective NSAID is OK, such as naproxen. In patients with intermediate risk factors for gastrointestinal events and no cardiovascular disease, a non-selective NSAID with either a proton pump inhibitor (such as omeprazole DR), or misoprostol, or a Cox-2 selective agent would be appropriate. Long term use (> 1 year) of proton pump inhibitors has been shown to increase risk of hip fracture. In patients at high risk for gastrointestinal events with no cardiovascular disease, it is recommended to use a Cox-2 selective agent plus a proton pump inhibitor. In this case, the patient is a 36 year old male without any documented history of peptic ulcer disease, or gastrointestinal bleeding or perforation. Therefore, this puts him in the low risk category based on his age and NSAID use for gastrointestinal events. Also, there is no documentation of any abdominal pain, or gastritis

type symptoms with the use of his NSAIDs. Therefore, based on MTUS guidelines and the evidence in this case, the request for Omeprazole 20 mg #30 is not medically necessary.