MAXIMUS Federal Services

| Case Number: | CM14-0190500 | | |
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| Date Assigned: | 11/24/2014 | Date of Injury: | 07/23/2011 |
| Decision Date: | 01/14/2015 | UR Denial Date: | 11/05/2014 |
| Priority: | Standard | Application Received: | 11/14/2014 |

## 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 Nephrology. 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 25-year-old female who has submitted a claim for left knee pain, status post meniscal repair, and chronic right knee pain associated with an industrial injury date of 7/23/2011. Medical records from 2014 were reviewed. The patient complained of persistent bilateral knee pain. The pain was rated 7/10 in severity, and was relieved to 2-3/10 with medications. She was able to stay active and go to the gym with medication use. She was also able to cook, clean and do household chores. Her noted side effect was gastric irritation, but it was relieved with Prilosec use. No aberrant drug behavior was noted. Urine drug screen was likewise consistent, as stated. Examination of the left knee showed limited motion, stable to stress testing, mild swelling and decreased quadriceps tone. The right knee was positive for medial joint line tenderness. Treatment to date has included left knee arthroscopy on 10/2011, physical therapy, Norco (since April 2014), Prozac, omeprazole, Wellbutrin and Relafen. The utilization review from 11/5/2014 denied the request for Norco 10/325mg, 5-6 times per day #180 because of no supporting evidence of objective functional benefit with medication use; and denied Prilosec 20mg, BID #60 because of no documented gastrointestinal symptoms.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, 5-6 times per day #180:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26, Opioids Page(s): 78.

**Decision rationale:** As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient was prescribed opioids since at least April 2014. The patient complained of persistent bilateral knee pain rated 7/10 in severity and relieved to 2-3/10 with medications. She was able to stay active and go to the gym with medication use. She was also able to cook, clean and do household chores. Her noted side effect was gastric irritation but relieved with Prilosec use. No aberrant drug behavior was noted. Urine drug screen was likewise consistent as stated. The guideline criteria for ongoing opioid management have been met. Therefore, the request for Norco 10/325mg, 5-6 times per day #180 is medically necessary.

**Prilosec 20mg, BID #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2., NSAIDS, GI Symptoms, and Cardiovascular Risk Page(s): 68.

**Decision rationale:** As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, the patient is a 25-year-old female with complaint of gastric irritation secondary to opioid intake. She was prescribed Prilosec since at least April 2014 and noted symptom relief upon use. The medical necessity for continuing PPI treatment has been established. Therefore, the request for Prilosec 20mg, BID #60 is medically necessary.