

<b>Case Number:</b>	CM14-0191673		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	05/12/2003
<b>Decision Date:</b>	01/13/2015	<b>UR Denial Date:</b>	11/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 and Rehabilitation, 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 59-year-old female with a date of injury of 05/12/2003. The listed diagnoses from 10/14/2014 are fibromyalgia syndrome; psychological diagnosis; chondromalacia of the patella, right knee; and status post left knee arthroscopy, with partial medial meniscectomy; grade 3 chondromalacia of the medial femoral condyle. According to this report, the patient continues to complain of neck, low back, and bilateral knee pain with locking and triggering of the fingers. The examination shows tenderness of the posterior cervical and bilateral trapezial musculature. There are multiple tender points palpable in the lumbar spine. Tenderness was noted along the patellar facets. Sub patellar crepitation with range of motion and pain with deflection in the right knee. There is tenderness along the medial joint line and pain with deflection on the left knee. The documents include a left middle trigger finger release report from 08/26/2014 and progress reports from 02/18/2014 to 11/11/2014. The utilization review denied the request on 11/01/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One Prescription of Norco 5/325mg #30:** Upheld

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

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

**Decision rationale:** The provider is requesting 1 prescription of Norco 5/325mg #30 (1 TAB QD). For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78, On-Going Management also requires documentation of the 4 A's including analgesia, activities of daily living (ADLs), adverse side effects, and aberrant drug seeking 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 medications to work, and duration of pain relief. The records show that the patient was prescribed Norco on 02/18/2014. The provider notes medication efficacy on 05/27/2014 stating, "She notes functional improvement in pain relief with the adjunct of the medication." Aside from this statement, the provider does not provide pain scales, no specifics regarding ADLs, no significant improvement, no mention of quality of life changes, and no discussions regarding "pain assessment" as required by MTUS. There are no discussions regarding adverse side effects and aberrant drug-seeking behaviors such as urine drug screen or CURES report. The request is not medically necessary.

**One Prescription of Prilosec 20mg #30 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms.

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

**Decision rationale:** The provider is requesting 1 prescription of Prilosec 20mg #30 with 2 refills (1 TAB Q.D.). The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks states, "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). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions." MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The records show that the patient was prescribed Prilosec on 02/18/2014. It appears that the treating physician is requesting this medication in conjunction with the patient's NSAID use and there was no documentation of any GI complaints from the patient. In this case, MTUS does not support the routine use of PPIs without any discussions of gastrointestinal events or GI risk assessment. The request is not medically necessary.

**One Prescription of Voltaren 75mg #60 with 2 refills: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory; Medications for Chronic Pain Page(s): 22; 60.

**Decision rationale:** The provider is requesting 1 prescription of Voltaren 75 mg #60 with 2 refills (1 TAB B.I.D.). The MTUS Guidelines page 22 on anti-inflammatory medication states that anti-inflammatories are the traditional first-line treatment to reduce pain so activity and functional restoration can resume, but long term use may not be warranted. MTUS page 60 on medications for chronic pain states that pain assessment and functional changes must also be noted when medications are used for chronic pain. The records show that the patient was prescribed Voltaren on 02/18/2014. The provider notes medication efficacy stating, "She notes functional improvement and pain relief with the adjunct of the medication." In this case, the provider has noted medication efficacy and MTUS does support the use of anti-inflammatory medications as a first line treatment to reduce pain and inflammation. The request is medically necessary.

**One Prescription of Ambien 10mg #15:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress chapter, Insomnia treatment

**Decision rationale:** The provider is requesting 1 prescription of Ambien 10mg #15 (1 TAB Q.H.S. P.M.). The MTUS and ACOEM Guidelines are silent with regards to this request. However, Official Disability Guidelines on Zolpidem states "Zolpidem [Ambien (generic available), Ambien CR] is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults." The records show that the patient was prescribed Ambien on 02/18/2014. Official Disability Guidelines do not support the long term use of this medication. The request is not medically necessary.

**One (1) Follow-up Visit:** 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), Evaluation and Management (E&M), Outpatient Visits to the offices

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341.

**Decision rationale:** The provider is requesting 1 follow-up visit. The ACOEM Guidelines page 341 support orthopedic follow-up evaluations every 3 to 5 days whether in person or in

telephone. The utilization review denied the request stating that the frequency of follow-up visit should take place as deemed necessary by the treating physician. Given that the ACOEM Guidelines support follow-up evaluations, the requested 1 follow-up visit is within guidelines. The request is medically necessary.