

Case Number:	CM14-0195565		
Date Assigned:	12/03/2014	Date of Injury:	04/02/1999
Decision Date:	01/20/2015	UR Denial Date:	10/18/2014
Priority:	Standard	Application Received:	11/21/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain, knee arthritis, insomnia, and depression reportedly associated with an industrial injury of April 2, 1999. In a Utilization Review Report dated October 18, 2014, the claims administrator partially approved a request for Percocet, approved a request for Soma, and denied a request for Prilosec. The claims administrator stated that its decision was based on a September 23, 2014 progress note and posited that the applicant was not profiting from ongoing opioid therapy. The applicant's attorney subsequently appealed. In an earlier note dated March 10, 2014, the applicant was placed off of work, on total temporary disability. The applicant had undergone a total knee replacement procedure on December 3, 2012. The attending provider suggested that the applicant remain off of work through May 11, 2014. Percocet, Soma, Lunesta, Prilosec, and Naprosyn were endorsed. It was stated, somewhat incongruously, that Prilosec was being employed owing to GI upset with NSAIDs and then stated, in another section of the note, that Prilosec was being employed for gastric prophylaxis purposes. On May 12, 2014, the applicant was again described as having ongoing issues with knee pain. It was stated that the applicant might be a candidate for revision total knee arthroplasty about the right knee. The applicant had developed derivative complaints of depression and anxiety. The applicant was again placed off of work, on total temporary disability. Percocet, Soma, and Prilosec were continued. The applicant was asked to discontinue Naprosyn on this occasion. The applicant exhibited a slow and deranged gait. 4/10 knee pain was noted. The applicant had developed secondary issues with anemia causing shortness of breath, the attending provider posited. On July 7, 2014, the applicant was, once again, placed off of work, on total temporary disability, owing to 5/10 knee pain complaints. The applicant reported ancillary complaints of difficulty sleeping and depression. The applicant was again placed off of work while Percocet, Prilosec, and Soma were

refilled, without any explicit discussion of medication efficacy. On September 22, 2014, the applicant reported ongoing complaints of knee pain with associated clicking, exacerbated by standing and walking. The applicant exhibited a slow gait. The applicant was, once again, placed off of work, on total temporary disability, while Prilosec, Percocet, and Soma were renewed, again without any explicit discussion of medication efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant was/is off of work, on total temporary disability. The applicant's complaints of knee pain with associated gait derangement, clicking, and locking were seemingly heightened from visit to visit, as opposed to reduce from visit to visit, despite ongoing Percocet usage. The attending provider did not outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing Percocet usage. Therefore, the request is not medically necessary.

Prilosec 20mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Katz PO, Gerson LB, Vela MF. Guidelines for the diagnosis and management of gastroesophageal reflux disease. Am J Gastroenterol. 2013 Mar;108(3):308-28. [184 references] PubMed; and the Non-MTUS Lanza FL, Chan FKL, Quigley EMM. Practice Parameters Committee of the American College of Gastroenterology. Guidelines for prevention of NSAID-related ulcer complications. Am J Gastroenterol. 2009 Mar;104(3):728-38. [113 references] Pub Med; and the Non-MTUS Scottish Intercollegiate Guidelines Network (SIGN). Management

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, NSAID, GI Symptoms, and Cardiovascul.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Prilosec are indicated in the treatment of NSAID-induced dyspepsia, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending

provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the requesting provider has not clearly outlined how (or if) ongoing usage of Prilosec has attenuated the applicant's symptoms of reflux. The attending provider did not state whether or not ongoing usage of Prilosec was effective. While some historical progress notes did allude to the applicant's having had previous issues with reflux, it was never explicitly established that Prilosec effectively attenuated these complaints. Therefore, the request was not medically necessary.