

<b>Case Number:</b>	CM14-0197273		
<b>Date Assigned:</b>	12/05/2014	<b>Date of Injury:</b>	01/27/2014
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 59 year old male who was injured on 1/27/14 after slipping and falling onto his knees and outstretched upper extremities. He was diagnosed with lumbar spine strain, lumbar disc disease, lumbar radiculopathy, and internal derangement/degenerative joint disease of the right and left knees. He was treated with medications and physical therapy. He was also treated with a cane, which he used due to his knees making it difficult to walk. On 10/1/14, the worker was seen by his primary treating physician reporting continual flare-ups of pain in his lumbar spine with increases in activity. Physical examination revealed analgesic gain and dependence on his cane, lumbar muscle spasm and tenderness, negative FABERE sign, tenderness of the right knee medial joint line and medial pain with McMurray's maneuver, left knee small effusion and tenderness over lateral joint line with pain with McMurray's maneuver and marked patellofemoral irritability. He was then recommended additional physical therapy, a cane, which had been requested since 6/11/14 and again on 9/3/14. No explanation as to why a new cane was requested was included in the notes provided. He was also recommended Anaprox, Protonix, and Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Protonix 20 mg # 30:** Upheld

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

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

**Decision rationale:** The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old. Those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. In the case of this worker, he was using Anaprox chronically leading up to this request for renewal of the Anaprox and Protonix. However, there was insufficient evidence to suggest the worker was at an increased risk for gastrointestinal events, which might have helped justify the Protonix use. In addition, omeprazole is the first-line choice for proton-pump inhibitors, and there was no evidence suggesting he had tried and failed this medication. Therefore, the Protonix is not medically necessary to continue.

**Cane:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Walking Aids

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg section, Walking aids

**Decision rationale:** The MTUS is silent regarding use of canes. The ODG, however, states that walking aids such as canes are generally recommended for help ambulating in cases of severe knee osteoarthritis. In the case of this worker, he had been using a cane coming into his appointments for many months leading up to this request and after repeated requests for a cane. It is not clear if this is a mistake or if the requesting provider is requesting a new cane due to a problem, existing with the one the worker was using at the time of this request. Due to lack of clarity of the request and to the fact that the documents reported he was using a cane already, the request for a cane is not medically necessary to fulfill.

**Norco 2.5 mg # 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use. There is to be ongoing review and documentation of pain relief,

functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects. As well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient evidence to suggest this complete review was done regularly at his office visits. In particular, there was no clear and measurable evidence that the worker had improved function with the chronic use of Norco, which he had been using at least for many months leading up to this request. Without this evidence of benefit, continuation of Norco will be considered medically unnecessary. Weaning may be needed.