

Case Number:	CM14-0206455		
Date Assigned:	12/18/2014	Date of Injury:	11/15/2007
Decision Date:	02/12/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/10/2014

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 Neurology, has a subspecialty in Neuromuscular 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 patient is a 60-year-old woman who sustained a work-related injury on November 15, 2007. Subsequently, the patient developed chronic knees pain. Prior treatments included: medications (Anaprox, Prilosec, Ultram, Norco, and Terocin Patches), Hyalgan injections, left knee arthroscopic surgery on July 20, 2009, and physical therapy. According to a progress report dated July 23, 2014, the patient complained of right and left knee pain. The patient did not want repeat surgery to the left knee, but wanted to proceed with the right knee scope. The patient also complained of bilateral wrist and hand pain, secondary to the use of cane, and low back pain, secondary to antalgic gait. The patient rated her low back pain at 6/10 in severity. The pain radiates down to bilateral legs. The patient rated the bilateral knees pain at 6/10 in severity. The pain was throbbing in nature and the knees give way. She also complained of popping in the knees. Physical examination revealed an antalgic gait. Cervical spine flexion was 50 degrees, extension 60 degrees, bending to the right and to the left was 45 degrees, and rotation was 80 degrees, bilaterally. There was no tenderness noted. Bilateral shoulder flexion was 180 degrees, extension 50 degrees, abduction 180 degrees, adduction 50 degrees, internal rotation 90 degrees, and external rotation 90 degrees. There was no tenderness noted. Bilateral wrists and hands, flexion was 50 degrees, extension 50 degrees, radial deviation 15 degrees, and ulnar deviation 20 degrees. There was tenderness noted over the greater tuberosity of humerus. There was positive Tinel's and positive Phalen's test noted over carpal tunnel region bilaterally. lumbar spine flexion was 50 degrees, extension 20 degrees, and bending to the right and to the left was 30 degrees. There was positive straight leg raise test at 75 degrees bilaterally. Lasegue's was positive on the right and equivocal on the left. Deep tendon reflexes for the knees were 2+ and ankles +1 bilaterally. there was hypoesthesia at the anterolateral aspect of foot and ankle of an incomplete nature noted at L5, S1 dermatome distribution. There was a weakness in the big toe

dorsiflexor. There was paraspinal tenderness with paraspinal spasms noted. Right knee full extension to 120 degrees of flexion. There was 2 degrees of varus deformity. McMurray's test was positive. There was medial and lateral joint line tenderness. There was positive chondromalacia patella compression test. Left knee -5 degrees extension to 115 of flexion. McMurray's test was positive. There was positive medial and lateral joint line tenderness. There was positive chondromalacia patella compression test. The patient was diagnosed with right knee severe degenerative joint disease, status post left knee arthroscopic surgery, left knee severe degenerative joint disease with degenerative re-tear, lumbar spine strain/sprain, left wrist partial thickness tearing of the dorsal aspect of triangular fibrocartilage, left hand strain/strain, right wrist strain/sprain, and anxiety and depression. The provider requested authorization for Norco, Zanaflex, and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg: 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 use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy; (b) The lowest possible dose should be prescribed to improve pain and function; (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. Therefore, the prescription of Norco 10/325mg is not medically necessary.

Zanaflex 4mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

Decision rationale: According to MTUS guidelines, a non-sedating muscle relaxant is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient was previously treated with Zanaflex for at least more than 4 months, which is considered a prolonged use of the drug. There is no continuous and objective documentation of the effect of the drug on patient pain, spasm and function. There is no recent documentation for recent pain exacerbation or failure of first line treatment medication. Therefore, the request for Zanaflex 4mg is not medically necessary.

Prilosec 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

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

Decision rationale: According to MTUS guidelines, Omeprazole is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (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. There is no documentation that the patient has a GI issue that requires the use of Prilosec. There is no documentation in the patient's chart supporting that she is at intermediate or high risk for developing gastrointestinal events. Therefore, Prilosec 20mg prescription is not medically necessary.