

Case Number:	CM15-0003039		
Date Assigned:	01/13/2015	Date of Injury:	06/08/2011
Decision Date:	03/23/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/06/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 47-year-old male with a date of injury of 06/08/2011. The mechanism of injury was not provided. His diagnoses are osteoarthritis of the knee, sprain of the hip, and chronic pain syndrome. Past treatments have included physical therapy, medications, and work modification. Surgical history included left elbow surgery in 2005, left shoulder surgery in 2012, and arterial stent cardiac surgery in 2014. On 12/01/2014, the injured worker complained of constant knee pain which is aggravated by walking, bending, carrying, pulling objects and pushing objects. Alleviating factors are exercise, physical therapy, and medication. The injured worker reported a 40% decrease in pain with the Norco and an increase in his standing and sitting tolerance, and ambulation tolerance. Physical examination on 01/14/2015 revealed range of motion of the knee as normal, motor strength as normal, joint tenderness noted in the hip joint of the left lower extremity and the knee joint of the left extremity. His current medications included Norco 10/325 mg 1 tablet every 8 hours as needed, omeprazole 10 mg 1 tablet daily as needed for gastritis, and PENNSAID 20 mg/g/2% at 2 pumps per day. The treatment plan is to reduce Norco to twice a day as needed, encourage the injured worker to schedule with a pain psychologist as soon as possible, and continue with home exercise programs as tolerated. The request for Norco 10/325 #90, omeprazole 10 mg, and PENNSAID 20 mg 2% solution. The rationale was not given. The Request for Authorization dated 01/27/2015 was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #90 between DOS 12/1/2014-02/13/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, 4) On-Going Management. Page(s): 78.

Decision rationale: The request for Norco 10/325 mg #90 between DOS 12/1/2014-02/13/2015 is not medically necessary. The injured worker presented with knee pain and hip pain. According to the California MTUS Guidelines, the guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behaviors, and side effects. As submitted, the request failed to address the frequency of the medication. As such, the request is not medically necessary.

Omeprazole 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitor.

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

Decision rationale: The request for Omeprazole 10mg #60 is not medically necessary. The injured worker presented with pains in the knee and the hip area. The California MTUS Guidelines recommend proton pump inhibitors for patients at immediate or high risk for gastrointestinal events. Patients who have no risk factors and no cardiovascular disease do not require the use of proton pump inhibitors even in addition to a nonselective NSAID. There is no evidence of cardiovascular disease or increased risk factors that would warrant the need for a proton pump inhibitors. As submitted, the request failed to address the frequency of the medication. Therefore, the request for Omeprazole 10mg #60 is not medically necessary.

Pennsaid 20mg/g/actuation (2%) topical solution #112gm with 2 refills between 12/1/2014 and 3/15/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Page(s): 111-112.

Decision rationale: The request for Pennsaid 20mg/g/actuation (2%) topical solution #112gm with 2 refills between 12/1/2014 and 3/15/2015 is not medically necessary. The California MTUS Guidelines do not recommend PENNSAID as a first line treatment. Diclofenac, the equivalent of PENNSAID, is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs, and after considering the risk for a trial of diclofenac including topical formulations for the treatment of signs and symptoms of osteoarthritis of the knee. Diclofenac would be recommended for the treatment of osteoarthritis of the knee or other joints that are amenable to topical treatment. The included medical document lacked evidence of the injured worker having any counter indications to oral pain medications and also lacked evidence that the medications failed to meet the provider's expectations of pain relief. The included medical documents did not suggest objective symptoms of osteoarthritis and tendinitis of the knee for the injured worker. As submitted, the request failed to address the frequency and the dose of the medication. Therefore, the request is not medically necessary.