

<b>Case Number:</b>	CM15-0003974		
<b>Date Assigned:</b>	01/15/2015	<b>Date of Injury:</b>	05/08/2007
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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: New Jersey, New York  
 Certification(s)/Specialty: Family Practice

### 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 31-year-old male, who sustained an industrial injury on 5/8/2007. He has reported right knee pain. The diagnoses have included chronic right knee pain, meniscal tear right knee and internal derangement right knee. Treatment to date has included knee surgery, physical therapy, medications. Currently, the injured worker complains of persistent right knee pain 3/10 level. He described the pain was constant, achy with a tight feeling. Prolonged walking and standing aggravated the pain and reported the medications increased activity tolerance. The treating provider reported impaired gait with decreased range of motion. On 12/11/2014 Utilization Review non-certified Norco 10/325mg #100 modified to #90 pursuant to MTUS Chronic Pain Treatment Guidelines Opioids, Nabumetone 500mg #60 modified to #40 pursuant to MTUS Chronic Pain Treatment Guidelines, NSAIDS and omeprazole #30 pursuant to MTUS Chronic Pain Treatment Guidelines. On 1/8/2015, the injured worker submitted an application for IMR for review of Norco 10/325mg #10 , Nabumetone 500mg #20 and omeprazole #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

**Decision rationale:** The request for Norco is not medically necessary. The patient has been on opiates for unclear amount of time without objective documentation of the improvement in pain. There is no documentation of what his pain was like previously and how much Norco decreased his pain. There is no documentation of the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. There is no drug contract documented. There are no clear plans for future weaning, or goal of care. Long-term use carries many risks given the possibility of addiction. Because of these reasons, the request for Norco is not medically necessary.

**Nabumetone 500mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

**Decision rationale:** The request for Nabumetone is not medically necessary. As per MTUS guidelines, NSAIDs are recommended for short-term symptomatic relief. It is unclear by the chart when Nabumetone was first started. There was no documented functional improvement. MTUS guidelines state that NSAIDs may not be as effective as other analgesics. Chronic NSAID use can potentially have many side effects including hypertension, renal dysfunction, and GI bleeding. Therefore, the request is not medically necessary.

**Omeprazole #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-70.

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

**Decision rationale:** The request for Omeprazole is not medically necessary. There is no documentation of GI risk factors or history of GI disease requiring PPI prophylaxis. The use of prophylactic PPI's is not required unless he is on multiple high dose of NSAIDs, history of GI disease, on anticoagulants, or older age. The patient does not meet any of these criteria. There was no documentation of GI symptoms that would require a PPI. Long term PPI use carries many risks and should be avoided. Therefore, this request is not medically necessary.