

Case Number:	CM15-0004099		
Date Assigned:	01/15/2015	Date of Injury:	04/26/2010
Decision Date:	03/20/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	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: California
 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 32-year-old male who reported an injury on 04/26/2010. The mechanism of injury was not provided. The documentation of 10/30/2014 revealed the injured worker had persistent left knee pain, low back pain, and right knee pain. The injured worker was noted to have a tooth extraction for which he stopped Norco and was given Tylenol No. 3. The injured worker stopped Tylenol No. 3 and went back to Norco after about 6 days. The Norco continued to give adequate relief with objective benefit being the pain goes from an 8/10 to a 2/10 with medication. It was documented the medication allowed the injured worker to be more functional. The current medications included Norco 5/325 mg 2 times a day, Motrin 800 mg 3 times a day, and Prilosec 1 twice a day. The objective findings revealed no significant change. The diagnosis included chronic persistent left knee pain status post meniscal repair 07/2010. MRI of the left knee from 09/02/2011 showed subtle chronic stress change in distal quadriceps tendon, parameniscal cyst from a tear defect of the medial meniscus. The MRI of 12/28/2010 showed a complex tear of the medial meniscus. Status post bilateral knee arthroscopic surgeries in 11/2012. Chronic right sided low back pain since middle of 2012. MRI of the lumbar spine done 11/18/2013 showed L3-4 degenerative disc with disc bulge, as well as L5-S1 disc desiccation and broad based disc protrusion crowding the left L5 nerve. Also right sided facet changes at L2-S1. The treatment plan included a 2 month supply of medications, including Norco 5/325 mg #120, ibuprofen 800 mg #180, and Prilosec 20 mg #120. The injured worker underwent a urine drug screen. There was noted to be no aberrant drug behavior and there were

noted to be side effects which were helped significantly with Prilosec. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg, 120 count, dispensed on October 30, 2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids, On-Going Management, and Opioid Class.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain;ongoing management Page(s): 60;78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement and an objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had an objective decrease in pain and was being monitored for aberrant drug behavior and side effects. However, the documentation further indicated the medication allowed the injured worker to be more functional. However, there was a lack of documentation indicating what more functional included. Additionally, the request was noted to be for a 2 month supply which is not allowed per the DEA guideline of 10/06/2014. Additionally, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Norco 5/325 mg, 120 count, dispensed on 10/03/2014 was not medically necessary.

Prilosec 20 mg, 120 count, dispensed on October 30, 2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website www.drugs.com/pro/prilosec.html (Indications and Usage for Prilosec)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend PPIs for the treatment of dyspepsia. The clinical documentation submitted for review indicated the injured worker had dyspepsia secondary to NSAID therapy. It was documented the medication was beneficial. However, the specific efficacy of the medication was not provided. Additionally, the documentation indicated the request was for a 2 month supply, which would equal 120 tablets, if taken as per the physician note. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Prilosec 20 mg, 120 count, dispensed 10/30/2014 is not medically necessary.

