

Case Number:	CM15-0103018		
Date Assigned:	06/05/2015	Date of Injury:	06/06/2012
Decision Date:	07/03/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/28/2015

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: Arizona, California
 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 55 year old male who sustained a work related injury June 6, 2012. According to a panel qualified medical examination supplemental report, dated April 28, 2015, the physician had provided a report December of 2014, indicating the injured worker had not reached maximal medical improvement. He was diagnosed with a right knee medial meniscus tear s/p arthroscopic extensive synovectomy, chondroplasty and partial medial meniscectomy; recurrent tear and fraying of the posterior horn of the medial meniscus with residual pain and decreased range of motion; compensatory injury to the left knee; annular bulging and facet arthropathy, foraminal stenosis L2-L5, right L4, L5 and S1 radiculopathies; and complex regional pain syndrome. According to a treating physician's progress report, dated April 30, 2015, the injured worker presented with complaints of ongoing low back pain and right knee pain, rated 5-6/10, and unchanged from the previous visit. Physical examination of the lumbar spine revealed; posture well preserved with no splinting, tenderness to palpation in the lumbar facet joints, range of motion is unrestricted, and straight leg raise from the supine position is negative at 90 degrees bilaterally. He is ambulating with a walker. Diagnoses are documented as lumbar spondylosis and chronic knee pain. Treatment plan included a request for authorization for Norco and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg, 1 tablet oral everyday as needed, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Hydrocodone/Acetaminophen; Opioids, criteria for use, On-going Management; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for over 3 years and had GI upset while on the medication. There was no mention of Tylenol failure. Switch from prior NSAID use in 2012 was not specified. Continued and chronic use of Norco is not medically necessary. Therefore, this request is not medically necessary.

Prilosec 10mg, 1 tablet oral as needed, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and PPI Page(s): 67.

Decision rationale: According to the MTUS guidelines, Prilosec is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or anti-platelet use that would place the claimant at risk. Furthermore, the continued use of Norco as above is not medically necessary. Therefore, the continued use of Prilosec is not medically necessary. Therefore, this request is not medically necessary.