

Case Number:	CM15-0107521		
Date Assigned:	06/12/2015	Date of Injury:	05/03/2011
Decision Date:	07/13/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/04/2015

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: Internal Medicine

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 female, who sustained an industrial injury on 5/03/2011. She reported twisting her left ankle while descending a ladder. An additional injury date of 9/29/2011 was noted, due to a slip and fall. The injured worker was diagnosed as having lumbar strain secondary to gait impairment, multi-level mild disc protrusions per magnetic resonance imaging, status post partial lateral meniscectomy, synovectomy, and resection of the medial plica (2013), status post right total knee arthroplasty (1/2014), left ankle sprain/strain with magnetic resonance imaging evidence of osteochondral defect, and chronic lumbar strain. Treatment to date has included diagnostics, physical therapy, acupuncture, and medications. Currently, the injured worker complains of persistent pain in her lower back, rated 9/10, with radiation down both legs, right knee pain, rated 9/10, and left ankle pain, rated 9/10. Pain was decreased to 5- 6/10 with medication use. Pain was documented as unchanged and she complained of stress and depression. Pain levels were consistent for several months, despite medication use. She reported that she could not drive because of her medications and severe pain. She also took Omeprazole for unspecified gastrointestinal issues. Physical exam noted ambulation with a cane in a slow and antalgic pattern. Exam of the lumbar spine noted tenderness over the midline with limited range of motion. Exam of the right knee noted tenderness, range of motion 0-100 degrees, and hypersensitivity anteriorly. Exam of the left ankle noted tenderness laterally with swelling. She had an appointment with a psychologist and was authorized for pain management evaluation. The treatment plan included transportation to all of her appointments, noting that she was taking Norco and could not drive under the influence of narcotics. Medication refills were requested for

Norco and Prilosec. Urine toxicology was not noted. Her work status was modified, total temporary disability if unavailable.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco (Hydrocodone/APAP) 10/325mg 1-2 tablets every 6-8 hours #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page 74-96. Hydrocodone/Acetaminophen Page 91.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of breakthrough medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. 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 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 for documentation of the clinical use of these controlled drugs. Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The primary treating physician's progress report dated 5/12/15 documented a history of complaints of lumbar spine, right knee, and left ankle pain. Injury date was 5/3/2011. The patient reported persistent pain in her lower back, which she rates at 9/10 on a scale of 1 to 10; it is constant and the same since her last visit. It also radiates down to both legs. She also complains of pain in the right knee, which she rates at 9/10; it is constant and the same. She also reports pain in the left ankle, which she rates at 9/10; it is constant and the same. She is also tearful during the consultation. The pain is made better with rest and medication. The patient does take Norco three to four times a day, which helps her pain from 9/10 down to 5-6/10. The patient is currently not working. The patient was a well-nourished, well-developed, in no acute distress. The patient ambulated with a cane in a slow antalgic gait pattern. Bilateral pupils were equally round and reactive to light accommodation. Mood was appropriate. Affect was normal. Examination of the lumbar spine revealed tenderness over the midline with asymmetric loss of range of motion. She had very limited range of motion because of pain. Examination of the right knee revealed exquisite tenderness. There is no evidence of obvious infection. Her range of motion was 0 to 100 degrees. She had hypersensitivity anteriorly. There was no redness or warmth. Examination of the left ankle revealed tenderness laterally with obvious swelling laterally. Skin was intact. Diagnoses were lumbar strain, multilevel mild disc protrusions, status post right total knee arthroplasty, left ankle sprain and strain, and chronic lumbar strain. Pain

management evaluation was recommended. She does have persistent pain in the right knee and lower back. Analgesia was documented. Medical records document objective physical examination findings. Medical records document regular physician clinical evaluations and monitoring. Per MTUS, Hydrocodone / Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The request for Norco (Hydrocodone/Acetaminophen) is supported by the MTUS guidelines. Therefore, the request for Norco 10/325 mg is medically necessary.

Prilosec (Omeprazole) 20mg twice a day #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, PPI (proton pump inhibitor).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page 68-69.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines indicates that Proton Pump Inhibitor (PPI), e.g. Omeprazole, is recommended for patients with gastrointestinal risk factors. The primary treating physician's progress report dated 5/12/15 documented a history of complaints of lumbar spine, right knee, and left ankle pain. Medications included Norco and Omeprazole. No NSAID prescription was documented. No gastrointestinal diagnoses were documented. Because of the absence of gastrointestinal diagnoses, the request for the proton pump inhibitor Prilosec (Omeprazole) is not supported by MTUS guidelines. Therefore, the request for Prilosec is not medically necessary.

Transportation for follow up appointments: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Transportation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Transportation (to & from appointments).

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 51) addresses home health services. Home health services are recommended only for medical treatment for patients who are homebound. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Official Disability Guidelines (ODG) indicates that transportation is recommended for medically necessary transportation to appointments for patients with disabilities preventing them from self-transport. This reference applies to patients with disabilities preventing them from self-transport who need a nursing home level of care. The primary treating physician's progress report dated 5/12/15 documented a history of complaints of lumbar spine, right knee, and left ankle pain. Diagnoses were lumbar strain, multilevel mild disc protrusions, status post right total knee arthroplasty 1/17/14, left ankle sprain and strain, and chronic lumbar strain. Injury date was 5/3/2011. Transportation for follow-up appointments was requested. No

frequency or duration parameters on the transportation request were specified. The patient does not need nursing home level care. The patient is not homebound. The request for transportation without parameters is not supported by MTUS or ODG guidelines. Therefore, the request for transportation for follow-up appointments is not medically necessary.