

Case Number:	CM15-0138556		
Date Assigned:	07/29/2015	Date of Injury:	06/28/2001
Decision Date:	09/23/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/20/2015

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 58-year-old female, who sustained an industrial injury on June 28, 2001. She reported low back and knee pain. The injured worker was diagnosed as having status post bilateral carpal tunnel releases, status post cervical spine fusion, cervical spine degenerative discogenic disease with radiculopathy, lumbar spine radiculitis, left knee anterior cruciate ligament tear and bilateral trigger thumbs. Treatment to date has included diagnostic studies, surgical intervention of the wrists and cervical spine, conservative care, medications and work restrictions. Currently, the injured worker continued to report severe pain in the low back and left knee. The injured worker reported an industrial injury in 2001, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on January 21, 2015, revealed continued pain as noted. She reported the pain was 9 out of 10 with 10 being the worst without medications and 0-2 out of 10 with medications. She noted she could perform activities of daily living and exercise with the use of medications. It was reported she was in physical therapy for the left knee. It was noted she had decreased cervical range of motion, a positive Tinel's and Phalen test was noted to bilateral wrists, positive thumb triggers, a positive limp, positive straight leg raise bilaterally and positive tingling in bilateral legs. Klonopin, Norco and Prilosec were continued. Evaluation on March 4, 2015, revealed continued pain as noted. She continued to rate her pain at 9 on a 1-10 scale with 10 being the worst when not using medications and 0-2 out of 10 with medications. She noted her left knee pain was getting worse. Medications were continued. Evaluation on April 14, 2015, revealed continued pain as noted. She continued to rate the pain the same as previous visits with

and without medications. Evaluation on June 17, 2015, revealed continued pain as noted. Klonopin 1mg #30, Norco 10/325mg #120 and Prilosec 20mg #60 was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Criteria for use of Opioids Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The 58-year-old patient complains of worsening pain in lower back, bilateral knees, bilateral wrists, bilateral elbows, bilateral shoulders and neck, rated at 6-9/10, as per progress report dated 06/17/15. The request is for Norco 10/325mg #120. The RFA for the case is dated 06/24/15, and the patient's date of injury is 06/28/01. The patient is status post cervical fusion, status post bilateral carpal tunnel release, status post left knee surgery, and status post right knee surgery, as per progress report dated 06/17/15. Medications include Norco, Omeprazole and Clorazepam. The patient is not working, as per the same progress report. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, a prescription for Norco is first noted in progress report dated 01/21/15, and the patient has been taking the medication consistently at least since then. It is not clear when the medication was prescribed for the first time. In progress report dated 05/21/15, the treater states that medications provide 75% pain relief by reducing pain from 9/10 to 2/10. They also help improve function and the patient "can cook, walk, sit in car, do housework, and exercise." Regarding UDS, the treater states, "screening urinalysis will be performed periodically." No CURES reports are available for review. The treater does not discuss the side effects of Norco in the patient. Additionally, the treater does not provide specific examples that indicate improvement in function before and after Norco use. MTUS requires a clear documentation regarding impact of Norco on 4A's, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued opioid use. Hence, the request is not medically necessary.

Klonopin 1mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic) chapter under Benzodiazepine.

Decision rationale: The 58-year-old patient complains of worsening pain in lower back, bilateral knees, bilateral wrists, bilateral elbows, bilateral shoulders and neck, rated at 6-9/10, as per progress report dated 06/17/15. The request is for Klonopin 1mg #30. The RFA for the case is dated 06/24/15, and the patient's date of injury is 06/28/01. The patient is status post cervical fusion, status post bilateral carpal tunnel release, status post left knee surgery, and status post right knee surgery, as per progress report dated 06/17/15. Medications include Norco, Omeprazole and Clorazepam. The patient is not working, as per the same progress report. ODG guidelines, "Pain (chronic) chapter under Benzodiazepine states: Not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks." The MTUS Guidelines page 24 and Benzodiazepine section states, "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence". In this case, a prescription for Klonopin is first noted in progress report dated 01/21/15, and the patient has been taking the medication consistently at least since then. It is not clear when the medication was prescribed for the first time. In progress report dated 05/21/15, the treater states that Klonopin "helps with neuropathic pain and helps her sleep." In the same report, the treater also states that medications provide 75% pain relief by reducing pain from 9/10 to 2/10. They also help improve function and the patient "can cook, walk, and sit in car, do housework, and exercise." However, this is not specific to Klonopin. Additionally, MTUS and ODG guidelines do not support the long-term use of Klonopin. Hence, the request is not medically necessary.

Prilosec 20mg #60: Upheld

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

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

Decision rationale: The 58-year-old patient complains of worsening pain in lower back, bilateral knees, bilateral wrists, bilateral elbows, bilateral shoulders and neck, rated at 6-9/10, as per progress report dated 06/17/15. The request is for Prilosec 20mg #60. The RFA for the case is dated 06/24/15, and the patient's date of injury is 06/28/01. The patient is status post cervical fusion, status post bilateral carpal tunnel release, status post left knee surgery, and status post right knee surgery, as per progress report dated 06/17/15. Medications include Norco, Omeprazole and Clorazepam. The patient is not working, as per the same progress report. MTUS pg 69, NSAIDs, GI symptoms & cardiovascular risk Section states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or

(4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI."In this case, a prescription for Prilosec/Omeprazole is only noted in progress report dated 06/17/15. It is not clear if the patient has taken the medication in the past or if this is first prescription. Prophylactic use of PPI is indicated by MTUS. However, there are no NSAID's included in-patient's medications. Furthermore, treater has not provided GI risk assessment for prophylactic use of PPI, as required by MTUS. Provided progress reports do not show evidence of gastric problems, and there is no mention of GI issues. This request does not meet the criteria enlisted by the guideline. Therefore, the request is not medically necessary.