

Case Number:	CM15-0146946		
Date Assigned:	08/07/2015	Date of Injury:	06/01/2011
Decision Date:	09/11/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/28/2015

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: 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 28 year old female, who sustained an industrial injury on 6-1-11. The injured worker was diagnosed as having contusion to the right knee, degenerative joint disease, and knee pain. Treatment to date has included Synvisc injections, corticosteroid injections, the use of a knee brace, the use of a walker, a home exercise program, and medication. The injured worker had been taking Norco since at least 1-6-15 and Omeprazole since at least 3-2-15. Currently, the injured worker complains of bilateral knee pain. The treating physician requested authorization for MS Contin 30mg #60, Omeprazole 20mg #60, and Norco 10-325mg #120 all for the date of service 7-8-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 30mg #60 no refills (prescribed 7-8-15): Overturned

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

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: Based on the 07/08/15 progress report provided by treating physician, the patient presents with bilateral knee pain, right greater than left. The patient is status post arthroscopic knee surgery, date unspecified. The request is for Ms Contin 30mg #60 No Refills (Prescribed 7-8-15). Patient's diagnosis per Request for Authorization form dated 07/08/15 includes unspecified enthesopathy of knee, pain in limb, and sprain and strain of knee. Per 06/09/15 report, the patient ambulates with a rollator, wear a hinged knee brace on right knee and has a severely antalgic gait. Physical examination on 06/09/15 revealed limited range of motion to right knee; flexion 50 degrees and extension 10 degrees. Treatment to date has included surgery, imaging studies, Synvisc injections, corticosteroid injections, hinged knee brace, walker, home exercise program, and medications. Patient's medications include MS Contin, Omeprazole, Ibuprofen, and Norco. The patient is permanent and stationary, per 03/02/15 report and not fit for duty, per 07/08/15 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 4As (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." MS Contin has been included in patient's medications per 07/08/15 report. It appears this medication is being initiated. Since this medication is being initiated, the treater does not appear to have had an opportunity to document its efficacy. MTUS supports weaning of opiates, and using the least amount. Therefore, the request is medically necessary.

Omeprazole 20mg #60 no refills (prescribed 7-8-15): Upheld

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

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

Decision rationale: Based on the 07/08/15 progress report provided by treating physician, the patient presents with bilateral knee pain, right greater than left. The patient is status post arthroscopic knee surgery, date unspecified. The request is for Omeprazole 20mg #60 No Refills (Prescribed 7-8-15). Patient's diagnosis per Request for Authorization form dated 07/08/15 includes unspecified enthesopathy of knee, pain in limb, and sprain and strain of knee. Per 06/09/15 report, the patient ambulates with a rollator, wear a hinged knee brace on right knee and has a severely antalgic gait. Physical examination on 06/09/15 revealed limited range of motion to right knee; flexion 50 degrees and extension 10 degrees. Treatment to date has included surgery, imaging studies, Synvisc injections, corticosteroid injections, hinged knee brace, walker, home exercise program, and medications. Patient's medications include MS Contin, Omeprazole, Ibuprofen, and Norco. The patient is permanent and stationary, per 03/02/15 report and not fit for duty, per 07/08/15 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."

Omeprazole has been included in patient's medication's, per progress reports dated 03/02/15, 05/20/15, and 07/08/15. It is not known when this medication was initiated. Prophylactic use of PPI is indicated by MTUS, and the patient is on NSAID therapy, since she is also taking Ibuprofen. However, 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. Furthermore, the patient has been on this medication for at least 4 months from UR date of 07/21/15, and treater does not discuss how the patient is doing and why she needs to continue. Given lack of documentation, this request is not medically necessary.

Norco 10-325mg #120 no refills (prescribed 7-8-15): Upheld

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

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: Based on the 07/08/15 progress report provided by treating physician, the patient presents with bilateral knee pain, right greater than left. The patient is status post arthroscopic knee surgery, date unspecified. The request is for Norco 10-325mg #120 No Refills (Prescribed 7-8-15). Patient's diagnosis per Request for Authorization form dated 07/08/15 includes unspecified enthesopathy of knee, pain in limb, and sprain and strain of knee. Per 06/09/15 report, the patient ambulates with a rollator, wear a hinged knee brace on right knee and has a severely antalgic gait. Physical examination on 06/09/15 revealed limited range of motion to right knee; flexion 50 degrees and extension 10 degrees. Treatment to date has included surgery, imaging studies, Synvisc injections, corticosteroid injections, hinged knee brace, walker, home exercise program, and medications. Patient's medications include MS Contin, Omeprazole, Ibuprofen, and Norco. The patient is permanent and stationary, per 03/02/15 report and not fit for duty, per 07/08/15 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 4As (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." Norco has been included in patient's medication's, per progress reports dated 02/04/15, 04/20/15, and 07/08/15. It is not known when this medication was initiated. In this case, treater has not stated how Norco reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. MTUS states that "function should include social, physical, psychological, daily and work activities." There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No UDS's, opioid pain agreement or CURES reports. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request is not medically necessary.