

Case Number:	CM15-0160893		
Date Assigned:	08/27/2015	Date of Injury:	09/17/2013
Decision Date:	10/02/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/17/2015

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:

This 53 year old male sustained an industrial injury on 9-17-13. He subsequently reported right lower extremity pain. Diagnoses include right hip osteoarthritis and derangement of medial meniscus. Treatments to date include MRI testing, physical therapy and prescription pain medications. The injured worker continues to experience right hip pain. Upon examination, there was reduced range of motion in the right hip noted. A request for Prilosec 20mg #30, prescribed 7/8/15, Flexeril 5mg #60, prescribed 7/8/15 and Norco 7.5/325mg #30, prescribed 7/8/15 was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #30, prescribed 7/8/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI symptoms and cardiovascular risk Page(s): 68-69.

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 right hip and right knee pain. The patient is status post right knee arthroscopy 04/13/15. The request is for Prilosec 20MG #30, prescribed 7/8/15. Patient's diagnosis per Request for Authorization Form dated 07/08/15 includes backache NOS, sprain of knee and leg NEC, and sprain hip and thigh NEC. Physical examination on 07/08/15 revealed abnormal gait with difficult heel toe ambulation, tenderness to buttock/thigh, greater and lesser trochanter, and restricted range of motion to the right hip. Positive straight leg raise, Anvil, and Patric Fabere tests. Treatment to date has included imaging studies, physical therapy and medications. Patient's medications include Norco, Prilosec, Naproxen, and Flexeril. The patient is off-work, 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." Prilosec has been included in patient's medications, per progress reports dated 07/23/14, 07/01/15 and 07/08/15 RFA. It is not known when this medication was initiated. The patient is also prescribed Naproxen. MTUS allows for prophylactic use of PPI along with oral NSAIDs when appropriate GI risk is present. In this case, treater has not documented patient's GI risk assessment and benefit from medication. There is no mention of GI related issues in provided medical records. Furthermore, the patient has been prescribed Prilosec at least since 07/23/14, and there is no discussion of how patient is doing or why the medication needs to be continued. Given lack of documentation, this request is not medically necessary.

Flexeril 5mg #60, prescribed 7/8/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 41-42, 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 64.

Decision rationale: Based on the 07/08/15 progress report provided by treating physician, the patient presents with right hip and right knee pain. The patient is status post right knee arthroscopy 04/13/15. The request is for Flexeril 5mg #60, prescribed 7/8/15. Patient's diagnosis per Request for Authorization Form dated 07/08/15 includes backache NOS, sprain of knee and leg NEC, and sprain hip and thigh NEC. Physical examination on 07/08/15 revealed abnormal gait with difficult heel toe ambulation, tenderness to buttock/thigh, greater and lesser trochanter, and restricted range of motion to the right hip. Positive straight leg raise, Anvil, and Patric Fabere tests. Treatment to date has included imaging studies, physical therapy and medications. Patient's medications include Norco, Prilosec, Naproxen, and Flexeril. The patient is off-work, per 07/08/15 report. MTUS pg 64, Muscle relaxants for pain Section states that Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). This medication is not recommended to be used for longer than 2-3 weeks." Flexeril has been included in patient's medications, per progress reports

dated 07/23/14, 07/01/15 and 07/08/15 RFA. It is not known when this medication was initiated. MTUS recommends Flexeril, only for a short period (no more than 2-3 weeks). The patient has been prescribed Flexeril at least since 07/23/14 report. The request for additional prescription of Flexeril would exceed guideline recommendations. Therefore, the request is not medically necessary.

Norco 7.5/325mg #30, prescribed 7/8/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medication 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 right hip and right knee pain. The patient is status post right knee arthroscopy 04/13/15. The request is for Norco 7.5/325MG #30, prescribed 7/8/15. Patient's diagnosis per Request for Authorization Form dated 07/08/15 includes backache NOS, sprain of knee and leg NEC, and sprain hip and thigh NEC. Physical examination on 07/08/15 revealed abnormal gait with difficult heel toe ambulation, tenderness to buttock/thigh, greater and lesser trochanter, and restricted range of motion to the right hip. Positive straight leg raise, Anvil, and Patric Fabere tests. Treatment to date has included imaging studies, physical therapy and medications. Patient's medications include Norco, Prilosec, Naproxen, and Flexeril. The patient is off-work, 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." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Norco has been included in patient's medications, per progress reports dated 07/23/14, 07/01/15 and 07/08/15 RFA. 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. No return to work, or change in work status, either. MTUS requires appropriate discussion of the '4A's'. Given the lack of documentation as required by guidelines, the request is not medically necessary.