

Case Number:	CM15-0165412		
Date Assigned:	09/02/2015	Date of Injury:	06/22/2009
Decision Date:	10/06/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	08/24/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 49 year old male, who sustained an industrial injury on 06-22-2009. He has reported injury to the neck and low back. The diagnoses have included low back pain; grade 2 spondylolisthesis defect at L5-S1 with pars defect with severe facet overgrowth; cervical spine strain with severe spondylosis; cervical degenerative joint disease; left knee sprain-strain; and right knee pain. Treatment to date has included medications, diagnostics, and chiropractic therapy. Medications have included Norco, Hysingla ER, Neurontin, Relafen, Lyrica, and Nexium. A progress report from the treating physician, dated 06-03-2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of ongoing severe back pain, radiating down both legs; he is using a cane for ambulation; right knee pain; neck pain and upper extremity pain in his shoulders and arms; he rates his pain at an 8 out of 10 in intensity, at best a 4 out of 10 with the medications, and a 10 out of 10 without them; he reports 50% reduction in pain and 50% functional improvement with activities of daily living with the medications versus not taking them at all; and he is not working. Objective findings included muscle spasm in the lumbar trunk; he can flex 20 degrees, and extends 5 degrees; there is an absent left Achilles reflex, and +1 on the right; there is sensory loss in the left lateral calf and bottom of his foot to light touch and pinprick; there is a positive McMurray's sign on the right knee with audible click; there is crepitus in both knees on flexion and extension; there is excessive laxity in the right knee with stress testing; cervical ranges of motion is limited in all planes; left shoulder exam reveals limited range in all planes; and there is crepitus on

circumduction passively with positive impingement sign. The treatment plan has included the request for Norco 10-325mg #120; Omeprazole 20mg #30; and Hysingla ER 20mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86.

Decision rationale: The claimant has a remote history of a work-related injury in June 2009 and is being treated for right knee and radiating low back pain. Medications are references as decreased pain from 10/10 to 4/10 and with a 50% functional improvement including activities of daily living. When seen, there was decreased cervical and lumbar range of motion. There were lumbar muscle spasms. There was decreased left lower extremity sensation and a decreased left ankle reflex. There was right knee crepitus with laxity and positive McMurray testing. There was decreased left shoulder range of motion with crepitus and positive impingement testing. Medications were prescribed including Norco and Hysingla at a total MED (morphine equivalent dose) of 60 mg per day. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing at least a 50% decrease in pain with improved activities of daily living. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.

Omeprazole 20mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation <http://reference.medscape.com/drug/prilosec-omepreazole-341997>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, gastrointestinal symptoms & cardiovascular risk Page(s): 68-71.

Decision rationale: The claimant has a remote history of a work-related injury in June 2009 and is being treated for right knee and radiating low back pain. Medications are references as decreased pain from 10/10 to 4/10 and with a 50% functional improvement including activities of daily living. When seen, there was decreased cervical and lumbar range of motion. There

were lumbar muscle spasms. There was decreased left lower extremity sensation and a decreased left ankle reflex. There was right knee crepitus with laxity and positive McMurray testing. There was decreased left shoulder range of motion with crepitus and positive impingement testing. Medications were prescribed including Norco and Hysingla at a total MED (morphine equivalent dose) of 60 mg per day. Relafen was being prescribed and a history of dyspepsia is referenced. Guidelines recommend consideration of a proton pump inhibitor for the treatment of dyspepsia secondary to NSAID therapy. In this case, the claimant continues to take Relafen at the recommended dose and has a history of dyspepsia. The requested omeprazole was medically necessary.

Hysingla ER 20mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86.

Decision rationale: The claimant has a remote history of a work-related injury in June 2009 and is being treated for right knee and radiating low back pain. Medications are references as decreased pain from 10/10 to 4/10 and with a 50% functional improvement including activities of daily living. When seen, there was decreased cervical and lumbar range of motion. There were lumbar muscle spasms. There was decreased left lower extremity sensation and a decreased left ankle reflex. There was right knee crepitus with laxity and positive McMurray testing. There was decreased left shoulder range of motion with crepitus and positive impingement testing. Medications were prescribed including Norco and Hysingla at a total MED (morphine equivalent dose) of 60 mg per day. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Hysingla ER is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing at least 50% decreased pain and improved activities of daily living. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.