

Case Number:	CM15-0169983		
Date Assigned:	09/10/2015	Date of Injury:	01/15/1998
Decision Date:	10/08/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/28/2015

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: Emergency 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 66-year-old female, with a reported date of injury of 01-15-1998. The diagnoses include left leg joint stiffness, cervical sprain, lumbar sprain, right knee pain, status post right knee arthroplasty, left knee pain, status post revision total knee arthroplasty, and morbid obesity. Treatments and evaluation to date have included hydrocodone-acetaminophen (since at least 02-2015), Tylenol with codeine (since at least 02-2015), Omeprazole (since at least 02-2015), post-operative physical therapy, post-operative pool therapy, and topical pain medications. The diagnostic studies to date have included a urine drug screen on 03-23-2015 with negative findings, and a urine drug screen on 06-29-2015 with negative findings. According to the medical report dated 03-30-2011, the injured worker underwent an x-ray of the right knee on 03-19-2010 and x-ray of the right knee which showed no acute findings. The progress report dated 06-29-2015 indicates that the injured worker presented for follow-up of her work-related injury to the right knee. She complained of an aching pain with numbness in her bilateral knees. The injured worker rated her pain 5 out of 10. On 04-24-2015, the injured worker rated her right knee pain 7 out of 10; and her left knee pain 4 out of 10. The physical examination of the right knee (04-24-2015 to 06-29-2015) showed a well-healed incision without evidence of infection; centralized patella; normal cruciate and collateral ligament test with minimal clicking on contact of the prosthesis; tenderness to palpation of the bilateral joint line; diffuse tenderness along the medial and lateral aspect of the tibia; slight tenderness of the posterior popliteal and hamstring area without significant swelling; full extension; flexion at 95 degrees; mild weakness of the quadriceps and hamstring muscle group; and some mild numbness

in the per-incisional area. The treatment plan included a prescription for Norco, one every 6-8 hours as needed for severe pain; Prilosec, one twice a day as needed for stomach upset; and Tylenol #3, on every 6-8 hours as needed for pain relief. The injured worker remained permanent and stationary. It was noted that the injured worker was not working. The treating physician requested Norco 10-325mg #30, Prilosec 20mg #60, and Tylenol #3 300-30mg #60. The request for authorization was not included in the medical records. On 08-04-2015, Utilization Review (UR) non-certified the request for Norco 10-325mg #30 due to no documentation of pain scores to justify the need of ongoing pain medicine or objective evidence of function gains associated with medication use, Prilosec 20mg #60 since there was no evidence of current gastrointestinal complaints and-or gastrointestinal disturbance, and Tylenol #3 300-30mg #60 due to no documentation of pain scores to justify the need of ongoing pain medicine or objective evidence of function gains associated with medication use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, long-term assessment.

Decision rationale: The requested Norco 10/325mg #30 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has aching pain with numbness in her bilateral knees. The injured worker rated her pain 5 out of 10. On 04-24-2015, the injured worker rated her right knee pain 7 out of 10; and her left knee pain 4 out of 10. The physical examination of the right knee (04-24-2015 to 06-29-2015) showed a well-healed incision without evidence of infection; centralized patella; normal cruciate and collateral ligament test with minimal clicking on contact of the prosthesis; tenderness to palpation of the bilateral joint line; diffuse tenderness along the medial and lateral aspect of the tibia; slight tenderness of the posterior popliteal and hamstring area without significant swelling; full extension; flexion at 95 degrees; mild weakness of the quadriceps and hamstring muscle group; and some mild numbness in the per-incisional area. The treating physician has not documented duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325mg #30 is not medically necessary.

Prilosec 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) Pain Procedure Summary Online Version last updated 7/15/2015, Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The requested Prilosec 20mg #60 is not medically necessary. California's Division of Worker's Compensation Medical Treatment Utilization Schedule 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh 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)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors. The injured worker has aching pain with numbness in her bilateral knees. The injured worker rated her pain 5 out of 10. On 04-24-2015, the injured worker rated her right knee pain 7 out of 10; and her left knee pain 4 out of 10. The physical examination of the right knee (04-24-2015 to 06-29-2015) showed a well-healed incision without evidence of infection; centralized patella; normal cruciate and collateral ligament test with minimal clicking on contact of the prosthesis; tenderness to palpation of the bilateral joint line; diffuse tenderness along the medial and lateral aspect of the tibia; slight tenderness of the posterior popliteal and hamstring area without significant swelling; full extension; flexion at 95 degrees; mild weakness of the quadriceps and hamstring muscle group; and some mild numbness in the per-incisional area. The treating physician has not documented medication-induced GI complaints nor GI risk factors, nor objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Prilosec 20mg #60 is not medically necessary.

Tylenol #3 300/30mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The requested Tylenol #3 300/30mg #60, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has aching pain with numbness in her bilateral knees. The injured worker rated her pain 5 out of 10. On 04-24-2015, the injured worker rated her right knee pain 7 out of 10; and her left knee pain 4 out of 10. The physical examination of the right knee (04-24-2015 to 06-29-2015) showed a well-healed incision without evidence of infection; centralized patella; normal cruciate and collateral

ligament test with minimal clicking on contact of the prosthesis; tenderness to palpation of the bilateral joint line; diffuse tenderness along the medial and lateral aspect of the tibia; slight tenderness of the posterior popliteal and hamstring area without significant swelling; full extension; flexion at 95 degrees; mild weakness of the quadriceps and hamstring muscle group; and some mild numbness in the per-incisional area. The treating physician has not documented duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Tylenol #3 300/30mg #60 is not medically necessary.