

<b>Case Number:</b>	CM15-0181457		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	01/03/2012
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 62-year-old man sustained an industrial injury on 1-3-2012. The mechanism of injury is not detailed. Evaluations include bilateral knee MRI dated 7-23-2015. Diagnoses include status post left knee surgery, bilateral carpal tunnel residual, hand and wrist tendinitis, spinal discopathy, status post spinal surgery, left knee mild early arthrosis with chondromalacia, lumbar discopathy with bilateral neuroforaminal compression and compromise, left knee severe osteoarthritis, and right knee internal derangement. Treatment has included oral medications. Physician notes dated 8-12-2015 show complaints of ongoing pain to the bilateral knees rated 7 out of 10 and low back pain rated 5 out of 10 with pain and pins-and-needles sensation to the left toe rated 5 out of 10, and pins-and-needles sensation to the bilateral hands rated 8 out of 10. The physical examination shows no acute distress, medial and lateral joint line tenderness, left knee pain to the suprapatellar pole in the infrapatellar area with crepitus with range of motion reduced to 95 degrees, pain with partial deep knee bend, right knee positive McMurray's test, negative Lachman's test, mildly positive pivot shift pivot shift, negative anterior and posterior drawer, and pain with varus and valgus stress testing. Recommendations include Synvisc injection, future surgical intervention, bilateral knee sleeves, Norco, Omeprazole, and follow up in six weeks. Utilization Review denied a request for Norco and Omeprazole citing no pain contract is documented, no discussion regarding weaning medication or changing medications is documented, no pain rating scores are noted, and no CURES report is included. Omeprazole was modified as criteria for twice per day dosing is not been provided. The patient's surgical history include left knee arthroscopy surgery on 10/17/12 and spinal surgery. The patient has had UDS

on 3/26/15 and on 5/20/15 that was inconsistent for Hydrocodone. The medication list include Ibuprofen, Prilosec, Gabapentin and Vicodin. The patient has had MRI of the lumbar spine on 2/12/15 that revealed disc protrusions, foraminal narrowing. The patient sustained the injury due to cumulative trauma. A recent detailed clinical examination of the gastrointestinal tract was not specified in the records provided.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10/325mg, QTY: 90:** 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, criteria for use.

**Decision rationale:** Request: Norco 10/325mg, QTY: 90. Norco contains Hydrocodone with APAP, which is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response about pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. The patient has had UDS on 3/26/15 and on 5/20/15 that was inconsistent for Hydrocodone. The level of pain control without the use of opioids or with lower potency opioids, was not specified in the records provided. Whether improvement in pain translated into objective functional improvement, including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 10/325mg, QTY: 90 is not established for this patient, given the records submitted and the guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms. Therefore, the request is not medically necessary.

**Omeprazole 20mg, QTY: 120: 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): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** Omeprazole 20mg, QTY: 120. Per the CA MTUS NSAIDs guidelines cited below, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events. Patients at high risk for gastrointestinal events. Treatment of dyspepsia secondary to NSAID therapy." Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when "(1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." There is no evidence in the records if the patient has GI symptoms with the use of NSAIDs. The records provided do not specify any objective evidence of GI disorders, GI bleeding or peptic ulcer. A recent detailed clinical examination of the gastrointestinal tract was not specified in the records provided. The medical necessity of the request for Omeprazole 20mg, QTY: 120 is not fully established in this patient.