

<b>Case Number:</b>	CM15-0188564		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	01/28/2013
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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: Tennessee, Florida, Ohio  
 Certification(s)/Specialty: Surgery, Surgical Critical Care

### 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 01-28-2013. On 03-18-2015, the injured worker underwent surgery of the right and left knee. According to the most recent progress report submitted for review and dated 08-07-2015, the injured worker had bilateral knee pain that was rated 10 on a scale of 1-10 and was exacerbated by activity. He was previously recommended visco supplementation injections which were still pending. Current medication regimen did mitigate his pain but symptoms were progressive and he desired to move forward with additional recommendations by an orthopedic specialist. Bilateral ankle pain was rated 8-9 on a scale of 1-10. Examination of the right knee demonstrated slight to moderate tenderness of the right medial knee with slight effusion. Range of motion with flexion was decreased. Inspection of the left knee demonstrated medial ecchymosis from recent surgery or probably from strapping. Range of motion with flexion was decreased. Gait was slight to moderately antalgic due to right knee pain. Diagnoses included left knee pain, right knee pain with recent surgery, right ankle pain and left ankle pain. The injured worker was temporarily totally disabled for six weeks. He was unable to do modified work due to injury. The treatment plan included orthopedic consultation, continuation of Naproxen, Norco and Omeprazole (for prevention of gastrointestinal upset due to chronic NSAID use) and postoperative care. The provider noted that there were no aberrant behaviors. Norco provided analgesia of at least 30-50 percent and helped with activities of daily living and functioning. On 09-03-2015, Utilization Review modified the request for Norco 7.5-325 mg #90 and non-certified the request for Omeprazole 20 mg #30, postoperative care, bilateral viscosupplementation injections to the

knees and orthopedic consultation and authorized the request for Naproxen and follow up in six weeks or sooner.

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

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

**Norco 7.5/325mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids.

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

**Decision rationale:** In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommends that dosing "not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose." Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. Therefore, based on the submitted medical documentation, the request for Norco is medically necessary.

**Omeprazole 20mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter-Prilosec (omeprazole), Proton pump inhibitors (PPIs).

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

**Decision rationale:** There is sufficient clinical information provided to justify the medical necessity of the requested prescription for this patient. The California MTUS guidelines address the topic of proton pump prescription. In accordance with California MTUS guidelines, PPI's (Proton Pump Inhibitors) can be utilized if the patient is concomitantly on NSAIDS and if the patient has gastrointestinal risk factors. This patient is on NSAIDS. Additionally, per the Federal Drug Administration's (FDA) prescribing guidelines for PPI use, chronic use of a proton pump inhibitor is not recommended due to the risk of developing atrophic gastritis. Short-term GERD symptoms may be controlled effectively with an H2 blocker unless a specific indication

for a proton pump inhibitor exists. This patient's medical records support that he is on NSAIDs. Therefore, based on the submitted medical documentation, the request for Omeprazole is medically necessary.

**Postoperative care:** Upheld

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Post-operative care.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of this order for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address this topic. The ODG guidelines state that care is "Recommended generally if there is a medical need" post-operatively. This patient's request for surgery is not authorized. Therefore, a need for the requested care does not exist. Therefore, based on the submitted medical documentation, the request for postoperative care is not medically necessary.

**Bilateral viscosupplementation injections to the knees:** 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), Knee Chapter-Hyaluronic acid injections.

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care, Surgical Considerations.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. While the Third Edition ACOEM Guidelines do support usage of intra-articular knee viscosupplementation injections in the treatment of applicants with moderate-to-severe knee Osteoarthritis, ACOEM qualifies this recommendation by noting that a second or third injection is not generally recommended if the clinical results comprise of significant reduction in or resolution of symptoms. This patient has had prior consideration for injection therapy. Repeat consideration is not necessary without clear indication of prior therapy results or plans for therapy. Therefore, based on the submitted medical documentation, the request for bilateral viscosupplementation injections is not medically necessary.

**Orthopedic consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management, and Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies, Initial Care, Surgical Considerations.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of a orthopedic consultation for this patient. The clinical records submitted do not support the fact that this patient has been documented to have acute orthopedic disease requiring consultation. The California MTUS guidelines address the issue of consultants for back and neck related pain by stating "If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps." This patient has been documented to have chronic degenerative knee disease on physical exam. The medical records indicate that he has chronic pain syndrome with symptoms, which are non-diagnostic. Physical signs of tissue insult or acute nerve impairment are not documented. Therefore, based on the submitted medical documentation, the request for orthopedic consultation is not medically necessary.