

<b>Case Number:</b>	CM15-0188924		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	06/11/2010
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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:

The injured worker is a 51 year old male, who sustained an industrial injury on 6-11-10. The injured worker was diagnosed as having status post open reduction internal fixation left ankle, right knee internal derangement and status post right knee arthroscopic debridement. Medical records (1-26-15 through 6-9-15) indicated 8-9 out of 10 pain without medications and 4-5 out of 10 pain with medications. The medications allow him to perform light housework. The physical exam (12-3-14 through 6-9-15) revealed right knee range of motion is 0-110 degrees and normal left ankle range of motion. Treatment to date has included a TENS unit and a home exercise program. Current medications include Anaprox, Prilosec and Norco (since at least 12-3-14). The urine drug screen on 7-22-15 was positive for opiates. As of the PR2 dated 7-22-15, the injured worker reports continued right knee and left ankle pain. He rates his pain 8-9 out of 10 without medications and 5 out of 10 with medications. With medications the injured worker is able to walk and perform light housework. Objective findings include right knee range of motion is 0-110 degrees, tenderness to palpation over the anterolateral aspect of the left ankle and normal range of motion. The treating physician requested Anaprox 550mg #60, Prilosec 20mg #60 and Norco 10-325mg #120. On 9-4-15, the treating physician requested a Utilization Review for Anaprox 550mg #60, Prilosec 20mg #60 and Norco 10-325mg #120. The Utilization Review dated 9-14-15, non-certified the request for Anaprox 550mg #60, Prilosec 20mg #60 and modified the request for Norco 10-325mg #120 to Norco 10-325mg #45.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anaprox 550mg #60:** Overturned

**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): Anti-inflammatory medications.

**Decision rationale:** Based on the 07/22/15 progress report provided by treating physician, the patient presents with pain to left ankle and right knee. The patient is status post left ankle ORIF, and right knee arthroscopic debridement on unspecified dates. The request is for ANAPROX 550MG #60. RFA dated 09/04/15 provided. Patient's diagnosis on 07/22/15 includes right knee internal derangement, left ankle traumatic osteoarthritis, and status post closed head trauma. Physical examination on 07/22/15 revealed right knee range of motion 0-110 degrees, and tenderness to palpation over the anterolateral aspect of the left ankle. Treatment to date has included TENS unit, home exercise program and medications. Patient's medications include Anaprox, Prilosec, and Norco. Per 07/22/15 report, the patient is temporarily totally disabled for the right knee, and permanent and stationary for the cervical spine, left clavicle, bilateral wrists and left ankle. MTUS, Anti-inflammatory medications, pg 22 states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Anaprox has been included in patient's medications per progress reports dated 12/03/14, 03/26/15, and 07/22/15. It is not known when this medication was initiated. Per 06/09/15 report, patient's pain is rated 5/10 with and 8-9/10 without medications. Treater states "with medications the patient is able to walk and perform light housework." Given patient's continued pain and documentation of functional improvement, this request appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.

**Prilosec 20mg #60:** Overturned

**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:** Based on the 07/22/15 progress report provided by treating physician, the patient presents with pain to left ankle and right knee. The patient is status post left ankle ORIF, and right knee arthroscopic debridement on unspecified dates. The request is for PRILOSEC 20MG #60. RFA dated 09/04/15 provided. Patient's diagnosis on 07/22/15 includes right knee

internal derangement, left ankle traumatic osteoarthritis, and status post closed head trauma. Physical examination on 07/22/15 revealed right knee range of motion 0-110 degrees, and tenderness to palpation over the anterolateral aspect of the left ankle. Treatment to date has included TENS unit, home exercise program and medications. Patient's medications include Anaprox, Prilosec, and Norco. Per 07/22/15 report, the patient is temporarily totally disabled for the right knee, and permanent and stationary for the cervical spine, left clavicle, bilateral wrists and left ankle. MTUS guidelines, NSAIDs, GI symptoms & cardiovascular risk section, page 68 states that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1. Age greater than 65. 2. History of peptic ulcer disease and GI bleeding or perforation. 3. Concurrent use of ASA or corticosteroid and/or anticoagulant. 4. High dose/multiple NSAID. MTUS continues to state, "NSAIDs, GI symptoms, and cardiovascular risks: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI." Prilosec has been included in patient's medications per progress reports dated 12/03/14, 03/26/15, and 07/22/15. It is not known when this medication was initiated. Per 06/09/15 report, patient's pain is rated 5/10 with and 8-9/10 without medications. Treater states "with medications the patient is able to walk and perform light housework." Per 04/14/15 report, treater states "GI upset helped with Prilosec." Prophylactic use of PPI is indicated by MTUS, and the patient is on NSAID therapy. Treater has documented gastric problems and benefit, for which prophylactic use of PPI is indicated. This request appears reasonable and in accordance with guideline indications. Therefore, the request IS medically necessary.

**Norco 10/325mg #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): Medications for chronic pain, Opioids, criteria for use.

**Decision rationale:** Based on the 07/22/15 progress report provided by treating physician, the patient presents with pain to left ankle and right knee. The patient is status post left ankle ORIF, and right knee arthroscopic debridement on unspecified dates. The request is for NORCO 10/325MG #120. RFA dated 09/04/15 provided. Patient's diagnosis on 07/22/15 includes right knee internal derangement, left ankle traumatic osteoarthritis, and status post closed head trauma. Physical examination on 07/22/15 revealed right knee range of motion 0-110 degrees, and tenderness to palpation over the anterolateral aspect of the left ankle. Treatment to date has included TENS unit, home exercise program and medications. Patient's medications include Anaprox, Prilosec, and Norco. Per 07/22/15 report, the patient is temporarily totally disabled for the right knee, and permanent and stationary for the cervical spine, left clavicle, bilateral wrists and left ankle. MTUS, CRITERIA FOR USE OF OPIOIDS Section, 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, CRITERIA FOR USE OF OPIOIDS Section, 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, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24 hrs." UR letter dated 09/14/15 authorized Norco 10/325mg #45 for weaning. Norco has been included in patient's medications per progress reports dated 12/03/14, 03/26/15, and 07/22/15. It is not known when this medication was initiated. Per 06/09/15 report, patient's pain is rated 5/10 with and 8-9/10 without medications. Treater states "with medications the patient is able to walk and perform light housework." Per 04/14/15 report CURES was reviewed. UDS's dated 01/29/15 and 08/03/15 were provided. Narcotic contract signed, per 12/03/14 report. The requesting physician has satisfied 4As documentation requirements. In this case, this patient has been prescribed narcotic medications long term, and is not presumed to be suffering from nociceptive pain. Long-term use of opiates may in some cases be indicated for nociceptive pain according to MTUS, which states "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." While this patient presents with significant chronic complaints, without evidence of an existing condition which could cause nociceptive pain (such as cancer), continuation of this medication is not appropriate based on guidelines. Therefore, the request IS NOT medically necessary.