

<b>Case Number:</b>	CM15-0020860		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	07/19/2001
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2015

### 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 67 year old male, who sustained an industrial injury on 7/19/01. He has reported shoulder, back and knee injuries. The diagnoses have included right knee medial and patellofemoral arthropathy, cervical myofascial pain, chronic right lateral epicondylitis and status post bilateral shoulder arthroscopies with subacromial decompression. Treatment to date has included oral medications, shoulder surgery and physical therapy. Currently, the injured worker complains of right knee pain, occasional elbow pain and neck pain and stiffness pain relief and functional improvement are noted with medication. Physical exam dated 12/11/14 revealed tenderness along medial joint line and patella facets, subpatellar crepitation with range of motion and pain with deep flexion, he ambulates with a cane. Exam of the cervical spine noted tenderness of posterior cervical and bilateral trapezial musculature and tenderness is noted of the right elbow at the lateral epicondyle extensor muscle mass, increased pain is noted with wrist extension against resistance. On 1/14/15 Utilization Review submitted a modified authorization for Norco 5/325mg #60 to #36 to allow for weaning and non-certified Zantac 150mg #180, noting the lack of rational for the medical necessity which is used to treat acid indigestion. The MTUS, ACOEM Guidelines, was cited. On 2/4/15, the injured worker submitted an application for IMR for review of Norco 5/325mg #60 and Zantac 150mg #180.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg QTY: 60.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, When to continue opioids, weaning Page(s): 80-83, 86, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

**Decision rationale:** Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Norco 5/325mg QTY: 60.00 is not medically necessary and appropriate.

**Zantac 150mg QTY: 180:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugs.com](http://www.drugs.com), Ranitidine (Zantac)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk, Pages 68-69.

**Decision rationale:** Zantac medication is for treatment of the problems associated with active gastric and duodenal ulcers, erosive esophagitis from GERD, or in patients with hyper-secretion diseases such as Zollinger-Ellison syndrome and systemic mastocytosis. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Zantac namely reserved for patients with history of prior GI bleeding, diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The Zantac 150mg QTY: 180 is not medically necessary and appropriate.

