

Case Number:	CM15-0024990		
Date Assigned:	02/18/2015	Date of Injury:	07/04/2012
Decision Date:	03/30/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/10/2015

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: Pennsylvania
 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:

The injured worker is a 57 year old female, who sustained an industrial injury reported on 7/4/2012. She has reported bilateral knee pain, low back pain, increased right-sided leg pain, and severe right shoulder pain; all improved on medications. The diagnoses were noted to have included other specified sites of sprains and strains; left knee internal derangement; right knee compensatory sprain and meniscal tear; lumbar spine degenerative disc disease secondary to a compensatory injury; and right shoulder tendonosis. Treatments to date have included consultations; diagnostic imaging studies; right knee arthroscopy (8/3/13); arthrogram left knee (5/12/14); use of a cane; and medication management. The work status classification for this injured worker (IW) was noted to be temporary total disability. On 1/15/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 1/6/2014, for Norco 10/325mg #120; Prilosec 20mg #60; and Restoril 30mg #30. The Medical Treatment Utilization Schedule, chronic pain medical treatment guidelines, opioids, weaning of medications, non-steroidal anti-inflammatories & gastrointestinal and cardiovascular risks, Benzodiazepines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91,78-80.

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

Decision rationale: According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief last. The criteria for long term use of opioids (6-months or more) includes among other items, documentation of pain at each visit and functional improvement compared to baseline using a numerical or validated instrument every 6 months. In this case, there is insufficient documentation of the assessment of pain, function and side effects in response to opioid use to substantiate the medical necessity for Norco. In this case, the medical record only contained general statements that the patient has improved function with medications which is not adequate.

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

Decision rationale: Proton pump inhibitors such as Prilosec are indicated for patients on NSAID's at intermediate risk for gastrointestinal events. These risks include age >65, history of peptic ulcer disease, GI bleeding or perforation, concurrent use of aspirin, corticosteroid, and/or an anticoagulant, or high dose/multiple NSAID. The medical records available to this reviewer did not indicate that this worker was on an NSAID or at risk for gastrointestinal events. Neither was there any other indication for Prilosec. Therefore, Prilosec cannot be considered to be medically necessary.

Restoril 30mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Restoril is a benzodiazepine. Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most

guidelines limit use to 4 weeks. Long-term use may actually increase anxiety. Furthermore it is not clear from the record why this worker was taking Restoril. There was no diagnosis of insomnia or other diagnosis for which Restoril may have been prescribed. Restoril is not medically necessary in this case.