

Case Number:	CM15-0027204		
Date Assigned:	02/19/2015	Date of Injury:	08/10/2011
Decision Date:	04/07/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/12/2015

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 female, who sustained a work related injury on 8/10/11. The diagnoses have included right knee degenerative joint disease and internal derangement of right knee. Treatments to date have included physical therapy visits, right knee surgery, rest, ice, elevation of right leg, MRI right knee and oral medications including Norco and Norflex. In the PR-2 dated 1/26/15, the injured worker complains of increased pain in right knee. She complains of right knee swelling and an increase in pain from walking. She complains of worsening pain due to the cold weather. She is occasionally able to walk without her cane. She has a noticeable limp. With pain medication, she is "able to function". She has very limited range of motion in the right knee. She has tenderness to palpation of right knee joint. On 2/5/15, Utilization Review non-certified requests for Norflex 100mg., 2/day, #60 and Prilosec 20mg., 1x/day, #30. The California MTUS, Chronic Pain Treatment Guidelines, were cited. On 2/5/15, Utilization Review modified a request for Norco 10/325mg. 3x/day, #90 to Norco 10/325mg. 3x/day, #45. The California MTUS, Chronic Pain Treatment Guidelines, 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 TID #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain; Osteoarthritis.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: This patient presents with right knee pain. The treater has asked for NORCO 10/325MG TID #45 on 1/26/15. Patient has been using Norco since 9/18/14. For chronic opioids use, MTUS Guidelines, 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 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. The patient is temporarily totally disabled. In this case, the treater indicates a decrease in pain with current medications which include Norco, stating "her medication provides her with relief and she is able to be more active with it" per 1/26/15 report. But there is no discussion of this medication's efficacy in terms of functional improvement using numerical scale or validated instrument. Quality of life change, or increase in specific activities of daily living are not discussed. There is no discussion of return to work or change in work status attributed to the use of the opiate. Urine toxicology has not been asked for, and no other aberrant behavior monitoring is provided such as CURES report. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, a slow taper off the medication is recommended at this time. The request IS NOT medically necessary.

Norflex 100mg BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: This patient presents with right knee pain. The treater has asked for NORFLEX 100MG BID #60 on 1/26/15. Regarding muscle relaxants for pain, MTUS recommends with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. MTUS further states: "Effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." The patient is temporarily totally disabled. In this case, the patient has chronic knee pain, and a muscle relaxant would not be indicated. MTUS recommends Norflex for exacerbations of lower back pain, but not for chronic pain of the knee. The request IS NOT medically necessary.

Prilosec 20mg QD #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS GI symptoms & cardiovascular risk Page(s): 69. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter, for Prilosec.

Decision rationale: This patient presents with right knee pain. The treater has asked for PRILOSEC 20MG QD #30 on 1/26/15. Patient has been taking Prilosec since 9/18/14 per 12/11/14 AME report. Regarding NSAIDs and GI/CV risk factors, MTUS requires determination of risk for GI events including age >65; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. The patient is temporarily totally disabled. In this case, the patient is taking opioids and it is not clear how long the patient has been taking Prilosec. Current list of medications do not include an NSAID. The treater states Prilosec "helps manage GERD symptoms" in 1/26/14 report but he treater does not explain why a PPI is needed, nor how it has been effective. There are no diagnoses of GERD, gastritis or PUD. No GI risk assessment is provided to determine a need for GI prophylaxis with a PPI either. The request IS NOT medically necessary.