

Case Number:	CM15-0039179		
Date Assigned:	03/09/2015	Date of Injury:	04/02/1999
Decision Date:	04/14/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/02/2015

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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 71 year old male who sustained an industrial injury on 04/02/1999. Injury was to the left knee in addition to continuous trauma affecting both knees. Diagnoses include right knee pain status post knee replacement in 11/2001 with hardware difficultly recently and with further treatment recommended, status post left total knee replacement on 12/03/2012, secondary depression due to above diagnoses, and insomnia due to continued knee pain. Treatment to date has included medications and a home exercise program. A progress note dated 01/26/2015 documents the injured worker has bilateral knee pain that is rated 5 out of 10, with the right greater than the left. He has increased instability bilaterally right greater than the left. Both knees show slight swelling. There is clicking and popping noted with range of motion of the right knee with decreased range of motion. The current plan of care is to continue with Prilosec to prevent complications of NSAIDS, continue Percocet for chronic knee pain, and continue with Soma for muscle spasms. The current requested treatments are for 1 prescription for Percocet 10/325mg #90 modified to 15, and 1 prescription for Prilosec 20mg, #30

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Prilosec 20mg, #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: MTUS states "Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or(4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." And "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease:(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200mg four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." The medical documents provided note this IW is currently on multi NSAID therapy and given his age would be considered intermediate risk per the GI risk factors outlined in MTUS. Additionally, there is evidence provided to indicate the patient suffers from dyspepsia because of the present medication regimen. As such, I am reversing the prior decision and deem the request for Omeprazole 20mg #30 medically necessary.

1 prescription for Percocet 10/325mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percocet (oxycodone & acetaminophen); Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee and leg, opioids; pain, opioids.

Decision rationale: Percocet (oxycodone with acetaminophen) is a short-acting opioid. Chronic pain guidelines and ODG do not recommend opioids "except for short use for severe cases, not to exceed 2 weeks" and "routine long-term opioid therapy is not recommended, and ODG recommends consideration of a one-month limit on opioids for new chronic non-malignant pain patients in most cases, as there is little research to support use. The research available does not support overall general effectiveness and indicates numerous adverse effects with long-term use. The latter includes the risk of ongoing psychological dependence with difficulty weaning." Medical documents indicate that the patient has been on Percocet for an extended period, and this request alone is in excess of the recommended 2-week limit. Additionally, indications for when opioids should be discontinued include "If there is no overall improvement in function, unless there are extenuating circumstances." The treating physician does document some pain level improvement, however, does not provide objective documentation of overall improvement in function, which is required for continued use of this medication. As such, the request for Percocet 10/325mg #90 is deemed medically necessary.

