

<b>Case Number:</b>	CM15-0056349		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	05/03/2011
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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 55 year old female, who sustained an industrial injury on 05/03/2011. She reported missing a step as she descended a ladder, twisting the left ankle. That event was followed by a slip and fall on 9/29/2011 injuring the right knee and low back. Diagnoses include lumbar strain secondary to gait impairment, multilevel disc protrusions, status post partial lateral meniscectomy, status post right total knee arthroplasty, and left ankle sprain/strain with osteochondral defect. Treatments to date include medication therapy, physical therapy, acupuncture, therapeutic steroid injection, and a back brace. Currently, she complained low back pain rated 5/10 VAS with occasional radiation to the right lower extremity. She rated her right knee pain 8/10 VAS and the left ankle pain was rated 6/10 VAS. On 2/23/15, the physical examination documented decreased range of motion in the lumbar spine and left ankle swelling. The plan of care included continuation of range of motion exercises for the right knee, Prilosec daily and Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Hydrocodone Page(s): 76-78, 88-90.

**Decision rationale:** The patient presents with low back pain radiating to the right lower extremity, right knee, and left ankle pain. The physician is requesting NORCO 10/325 MG #90. The RFA dated 02/12/2015 shows a request for Norco-hydrocodone 10/325 mg #90 sig 1 tab by mouth every 6 to 8 hours p.r.n. for pain. The patient's date of injury is from 05/03/2011 and she is currently on modified duty. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking 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 medications to work, and duration of pain relief. The MTUS page 90 notes that a maximum dose for Hydrocodone is 60mg/day. The records show that the patient was prescribed Norco on 01/22/2014. The 02/28/2015 progress report shows that the patient's pain level is between 5/10 to 9/10. The patient takes 4 Norco and 2 Prilosec per day. The treater also notes, "The medications prescribed are to control the patient's symptoms and aid in restoring function in order to adequately perform her activities of daily living. Also, symptom control is necessary to return the patient to gainful employment." The urine drug screen from 07/01/2014 show inconsistent results to prescribed medications. None of the reports discuss specifics regarding activities of daily living. There are no before and after pain scales to show analgesia. In addition, the recent urine drug screen shows inconsistent results. Given the lack of sufficient documentation showing medication efficacy for the continued use of Norco, the patient should now be slowly weaned as outlined in the MTUS Guidelines. The request IS NOT medically necessary.

**Prilosec 20mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risks Page(s): 69.

**Decision rationale:** This patient presents with low back pain radiating to the right lower extremity, right knee, and left ankle pain. The physician is requesting PRILOSEC 20 MG #60. The RFA dated 02/12/2015 shows a request for omeprazole 20 mg #60 sig 1 tab by mouth everyday. The patient's date of injury is from 05/03/2011 and she is currently on modified duty. The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks 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.

Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions." MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The records show that the patient was prescribed Prilosec on 09/02/2014. None of the reports from 01/22/2014 to 02/23/2015 document or discuss gastrointestinal events. In this case, the MTUS Guidelines do not recommend the routine use of PPIs without discussions of gastrointestinal issues. The request IS NOT medically necessary.