

<b>Case Number:</b>	CM15-0089346		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	05/03/2006
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 62 year old female, who sustained an industrial/work injury on 5/3/06. She reported initial complaints of left knee pain. The injured worker was diagnosed as having degenerative joint disease and chondromalacia patella. Treatment to date has included medication, steroid injection, brace, and diagnostics. X-Rays results were reported on 1/16/15 reports mild narrowing of medial joint space with subchondral sclerosis, medial tibial plateau with retropatellar change. Currently, the injured worker complains of left knee pain rated 7/10. The injured worker had mild relief with Synvisc injections. Per the primary physician's progress report (PR-2) on 3/25/15, examination revealed use of a cane for ambulation for antalgic gait, moves with stiffness, with no change from prior exam on 2/25/15. The requested treatments include Pharmacy purchase of Norco 5/325mg, Axid 150mg, and Reglan 10mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pharmacy purchase of Norco 5/325mg number fifteen (15) with three (3) refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-going management of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 76-79.

**Decision rationale:** According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. According to the patient's file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. Therefore, the prescription of Norco 5/325mg #60 with 3 refills is not medically necessary.

**Axid 150mg number sixty (#60) with three (3) refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National Library of Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Nizatidine (Rx) Axid. Histamine H2 Antagonists.

**Decision rationale:** According to Medscape, Axid is an anti histamine drug used to treat duodenal ulcer. According to MTUS guidelines, Axid is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (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. There is no documentation that the patient have GI issue that requires the use of prilosec. There is no documentation in the patient's chart supporting that she is at intermediate or high risk for developing gastrointestinal events. Therefore, Axid 150mg number sixty (#60) with three (3) refills is not medically necessary.

**Reglan 10mg number sixty (#60) three (3) refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National Library of Medicine.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Metoclopramide (Rx) - Reglan, Metozolv ODT. Class: Antiemetic Agents; <http://reference.medscape.com/drug/reglan-metozolv-odt-metoclopramide-342051>.

**Decision rationale:** According to Medscape, Reglan is indicated in case of chemotherapy induced nausea and vomiting. There is no documentation that the patient is suffering from cancer, having chemotherapy induced nausea and vomiting or nausea and vomiting for other reasons. Therefore, the request for Reglan 10mg number sixty (#60) three (3) refills is not medically necessary.