

<b>Case Number:</b>	CM14-0181620		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	01/22/2011
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 27 year-old patient sustained an injury on 1/21/11 while employed by [REDACTED]. Request(s) under consideration include Norco 10/325mg BID prn #60, Relafen 750mg BID #60, and Prilosec 20mg QD #30. Diagnoses include pain in limb s/p left knee arthroscopic surgery on 5/25/11. Conservative care has included medications, therapy, and modified activities/rest. Report of 4/14/14 from the provider noted chronic ongoing left knee pain; persistent but doing well on current medication regimen. Pain rated at 8/10 down to 3/10 with medications; UDS of 3/17/14 was consistent. Current medications list Norco, Relafen, and Prilosec. Brief exam findings documented "wearing brace on left knee. Ambulates favoring left knee slightly." Treatment plan included follow-up with orthopedist and medication refills; sedentary work only. Report of 10/7/14 from the provider noted the patient with chronic unchanged ongoing left knee pain and instability with pain rated at 8/10 without down to 5/10 with medications; trying to walk more and has lost 10 pounds. Exam had unchanged findings of the left knee with increased laxity and positive Lachman's and anterior drawer testing; slight limp on ambulation favoring left knee. Treatment plan included medication refills, follow-up and MRI with unchanged sedentary work. The request(s) for Norco 10/325mg BID prn #60, Relafen 750mg BID #60, and Prilosec 20mg QD #30 were non-certified on 10/23/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg BID prn #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

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

**Decision rationale:** The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic January 2011 injury without acute flare, new injury, or progressive deterioration. The Norco 10/325mg BID prn #60 is not medically necessary and appropriate.

**Relafen 750mg BID #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22.

**Decision rationale:** Monitoring of the NSAID's functional benefit is advised as long term use of NSAIDs beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have not adequately addressed the indication to continue this NSAID for this chronic injury nor its functional efficacy derived from treatment already rendered. There is no report of acute flare or new injuries. NSAIDs is a second line medication after use of acetaminophen. The Relafen 750mg BID #60 is not medically necessary and appropriate.

**Prilosec 20mg QD #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk Page(s): 68-69.

**Decision rationale:** Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. Prilosec 20mg QD #30 is not medically necessary and appropriate.