

Case Number:	CM14-0185396		
Date Assigned:	11/13/2014	Date of Injury:	08/27/2004
Decision Date:	12/16/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	11/06/2014

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 Orthopedic Surgery 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 66-year-old male sustained an industrial injury on 8/27/04. The mechanism of injury was not documented. Past surgical history was positive for a left knee total knee replacement in October 2012, right total knee replacement in April 2013, and extensive arthroscopic debridement of the right knee on 1/29/14. Records documented the use of hydrocodone since at least 2012. The 9/5/14 treating physician report cited continued right knee pain, primarily lateral, that was sharp and debilitating. Some improvement was noted with arthroscopic treatment. Pain limited walking and activities. Right knee exam documented mild swelling, range of motion 0-110 degrees, and lateral joint line and lateral-sided tenderness. On stress exam, the knee opens up laterally throughout full flexion with varus stress and good endpoint. X-rays demonstrated overall satisfactory position of the implants without overt evidence of loosening or failure. The treatment plan recommended checking inflammatory markers to investigate for infection. A full length bilateral lower extremity scanogram was recommended to evaluate overall alignment given the instability noted. Medications were refilled and dispensed including Norco 10/325 for breakthrough pain, Prilosec for gastrointestinal upset due to medication use, Terocin patches for topical pain relief, and Fenoprofen for anti-inflammatory effect. Physical therapy was on hold pending surgical considerations. A 9/26/14 utilization review recommended non-certification of a request for Norco 10/325 #180 as there was no documentation of specific subjective or functional benefit. A 10/2/14 authorization request was submitted for Norco 10/325 #180; Prilosec 20 mg #60, Terocin patches #30, and Fenoprofen 400 mg #90. The urine drug screen collected 10/2/14 was inconsistent with prescribed medications. Hydromorphone and Morphine were detected, but not reported as prescribed. Records indicate at least two industrial claims, one for each knee, with the same medications being prescribed on each case. The 10/9/14 utilization review denied the retrospective request for Norco 10/325 mg #180 as there was no

documentation of functional improvement and this prescription represented an increase in prescribed quantity since August 2014 without clear rationale. The retrospective request for Prilosec 20mg #60 was denied as there was no indication that the patient was at high-risk for gastrointestinal events.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro (10/02/2014) Prilosec 20mg #60: 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 rationale: The California MTUS guidelines recommend the use of proton pump inhibitors (PPIs), such as Prilosec, for patients at risk for gastrointestinal events. Risk factors include: age greater than 65 years; history of peptic ulcer, gastrointestinal bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; OR, high dose/multiple NSAID (e.g., NSAID + low-dose ASA). PPIs are reported highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. Guideline criteria for intermediate gastrointestinal risk factors have been met. The patient is over 65 years with documented long-term use of non-steroidal anti-inflammatory drugs. Therefore, this request is medically necessary.

Retro (10/02/2014) Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Hydrocodone/acetaminophen Page(s): 76-80, 91.

Decision rationale: The California MTUS guidelines support the use of Norco for moderate to moderately severe pain on an as needed basis with a maximum dose of 8 tablets per day. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. On-going management requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Guidelines suggest that opioids be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. Guideline criteria have not been met for on-going use of Norco in the absence of guideline required documentation. There is no documentation of reduced pain, increased function, or improved quality of life relative to the use of Norco for this industrial injury. There is no evidence of a significant flare over the past 2 months to warrant an increase in the prescribed quantity. There are inconsistencies on the most recent urine drug

screen that have not been addressed. Records indicate that this medication was dispensed; therefore abrupt withdrawal is not a concern. Therefore, this request is not medically necessary.