

Case Number:	CM14-0095066		
Date Assigned:	09/15/2014	Date of Injury:	08/21/2007
Decision Date:	10/15/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/23/2014

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 Occupational Medicine 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:

The claimant was injured on 08/21/07. Naproxen, Norco, and Protonix are under review. He reportedly injured his knees. He has diagnoses of bilateral knee internal derangement, status post right medial meniscectomy and left knee arthroscopy and total knee replacement, gastroesophageal reflux disease, diabetes mellitus, hypertension, weight gain, headache, sleep issues, and sexual dysfunction. He has received medications, work restrictions, rest, immobilization, assistive devices for ambulation, TENS, heat/cold application, and surgeries. He has tried Plavix, antidepressants, Norco, Flexeril, naproxen, Protonix, and topicals. According to a note dated 01/10/14, he cannot take oral medications but was on Plavix. He was using braces and a cane. He was having more pain in the right knee due to the cold weather. He was using Plavix on 02/13/14. He was given Flexeril, Norco, naproxen, and Protonix. He has also received the same medications in addition to other topicals over the recent months. On 05/06/14, he was taking very little Norco. When he saw [REDACTED], he was using a custom brace on the right and regular brace on the left and was using both braces and a cane at the visit. He was using hot and cold wraps as well as a TENS unit. He was bicycling 40 minutes every day. He was walking in the park up to 30 minutes. The list of diagnoses states he seemed to have issues related to GERD. He was using very little Norco but it was prescribed. He was also given Flexeril and naproxen and also Protonix to try to avoid any ulcers. When he was seen on 02/13/14, he had access to braces and was ambulating with a cane. He was using a TENS unit and hot and cold wraps. He was using a regular bicycle 40 minutes outdoors and sometimes walking in the park but was minimizing his chores. He had a sense of instability in his knees. He was unable to take anti-inflammatories because of the Plavix and was given Flexeril instead. He was given Norco instead of the topicals which were not approved. He was able to do sedentary work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatories; Medications for Chronic Pain Page(s): 102; 94.

Decision rationale: The history and documentation do not objectively support the request for use of naproxen 550 mg #60. The MTUS state re: NSAIDs "Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxen being the safest drug). There is no evidence of long-term effectiveness for pain or function. (Chen, 2008) (Laine, 2008)" MTUS also state "before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days, ... A record of pain and function with the medication should be recorded. (Mens 2005)" There is no evidence of a significant inflammatory condition to support the use of naproxen prior to a trial of acetaminophen. There is no evidence of ongoing osteoarthritis. The claimant has been able to exercise for a reasonable amount of time daily (40 minutes on a regular bicycle and 30 minutes walking) despite not having been on this type of medication. It is not clear what additional benefit is anticipated or when he has been advised to take it. The use of naproxen 550 mg at unknown dosage for continued pain flare ups cannot be supported as medically necessary, reasonable, or appropriate.

Norco 10/325mg #40: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain; Medications for Chronic Pain Page(s): 110; 94.

Decision rationale: The history and documentation do not objectively support the request for the opioid, Norco 10/325 mg #40, unknown frequency. The MTUS outlines several components of initiating and continuing opioid treatment and states "a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." In these records, there is no documentation of trials and subsequent failure of or intolerance to first-line drugs such as acetaminophen or nonsteroidal anti-inflammatory drugs. MTUS further explains, "pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." There is also no indication that periodic monitoring of the claimant's pattern of use and a response to this medication, including assessment of pain relief and functional benefit, has been or will be done. There is no evidence that she has been involved in an ongoing rehab program to help maintain any benefits she received from treatment measures. Additionally, the 4A's "analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors" should be followed and documented per the guidelines. The claimant's pattern of use of Norco is unclear other than he has been prescribed it. There is no evidence that a signed pain agreement is on file at the provider's office and no evidence that a pain diary has been recommended and is being kept by the claimant and reviewed by the prescriber. As such, the medical necessity of the use of Norco has not been clearly demonstrated. Weaning does not appear to be necessary as he has not been taking it frequently.

Protonix 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors Page(s): 102.

Decision rationale: The history and documentation do not objectively support the request for Protonix 20mg #60. The MTUS state re: PPIs "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 (200 g four times daily) or (2) a Cox-2 selective agent. In this case, there is no documentation of GI conditions or increased risk to support the use of this medication. [REDACTED] only stated that it appeared that the claimant seemed to have gastrointestinal problems but there is no explanation for that statement. No symptoms, signs, or evidence of a history of a gastrointestinal condition or GERD were described. The medical necessity of this request for Protonix 20 mg has not been clearly demonstrated.