

<b>Case Number:</b>	CM14-0098279		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	03/26/2003
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 Family 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:

This is a 53-year-old male who reported an industrial injury to the back and knee on 3/26/2003, over 11 years ago, attributed to the performance of his usual and customary job duties. The patient reported ongoing knee swelling with numbness and tingling to the entire right lower extremity. The patient is documented to have underlying diabetes mellitus with good control to his blood sugar. The patient was prescribed Zoloft, Enalapril; atenolol; Niaspan; Norco; atorvastatin, gabapentin, fenofibrate; lamotrigine; metformin; nortriptyline; aspirin; and Remeron. The objective findings on examination included positive tightness to the trapezius muscles, Limited back motion, pain the lumbar spine, decreased range of motion to the right knee, tibial pain, mild swelling around the right knee. The diagnoses included right knee with TKA and limited motion; altered gait; knee pain; mechanical back pain passed on altered gait, depression, seizures versus syncope, diabetes. The patient was prescribed enalapril 5 mg each morning, atenolol 50 mg one per day, Niaspan ER 100 mg Q day and Norco 10/325 mg #90 with a refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, #90 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids  
Page(s): 74-97.

**Decision rationale:** Evidence-based guidelines recommend short-term use of opioids for the management of chronic nonmalignant moderate to severe pain. Long-term use is not recommended for nonmalignant pain due to addiction, dependency, intolerance, abuse, misuse and/or side effects. Ongoing opioid management criteria are required for long-term use with evidence of reduce pain and improve function as compared to baseline measurements or a return to work. The prescription for Hydrocodone-APAP (Norco) 10/325 mg #90 with refill x1 for short acting pain is being prescribed as an opioid analgesic for the treatment of chronic pain to the back for the date of injury 11 years ago. The objective findings on examination do not support the medical necessity for continued opioid analgesics. The patient is being prescribed opioids for chronic mechanical low back pain and knee pain, which is inconsistent with the recommendations of the CA MTUS. There is no objective evidence provided to support the continued prescription of opioid analgesics for the cited diagnoses and effects of the industrial claim. The patient is 11 years status post DOI with reported continued issues postoperatively; however, there is no rationale supported with objective evidence to continue the use of opioids. There is no demonstrated medical necessity for the continuation of opioids for the effects of the industrial injury. There is no clinical documentation by with objective findings on examination to support the medical necessity of Hydrocodone/APAP for this long period of time or to support ongoing functional improvement. There is no provided evidence that the patient has received benefit or demonstrated functional improvement with the prescribed Hydrocodone/APAP. There is no demonstrated medical necessity for the prescribed Opioids. The continued prescription for Norco 10/325 mg, #90 with refill x1 is not demonstrated to be medically necessary.

**Enalapril 5mg with 5 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Diabetes (Type 1, 2, and Gestational)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: general disciplinary guidelines for the practice of medicine

**Decision rationale:** There was no rationale supported with objective evidence documented by the treating physician to support the medical necessity of the prescribed Enalapril/Vasotec for the treatment of the effects of the industrial injury. The prescribed medication is directed to the treatment of hypertension and diabetes mellitus. There is no provided nexus to the cited mechanism of injury for the prescription of this medication. There was no demonstrated medical necessity for five refills. There is no demonstrated medical necessity for the prescription of Vasotec for the treatment of knee pain and lower back pain.

**Atenolol 50mg with 5 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Diabetes (Type 1,2, and Gestational)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) diabetes chapter-hypertension treatment and Other Medical Treatment Guideline or Medical Evidence: Disciplinary Guidelines for the general practice of medicine

**Decision rationale:** The patient is being prescribed Atenolol, a beta-blocker, for the treatment of hypertension. The prescription of Atenolol is not recognized as a first-line treatment for knee pain or back pain. The patient is reported to have diabetes and HTN (hypertension) for which atenolol is medically necessary. However, there is no nexus to the cited mechanism of injury or the reported back and knee pain. The use of Atenolol is not medically necessary for the treatment of the effects of industrial injury. There is no rationale or nexus to the effects of the industrial injury for the prescribed Atenolol. There is no demonstrated functional improvement with the prescribed atenolol. The use of Atenolol is directed to the treatment of an underlying comorbidity for this patient. The prescription of a beta blocker for the treatment of HTN and diabetes is not demonstrated to be medically necessary as there is no demonstrated functional improvement or assessment of efficacy.

**Niaspan 100 ER with 5 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Standards of medical care in diabetes. VI. Prevention and management of diabetes complications. Diabetes Care 2012 Jan; 35: S28-38.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: general disciplinary guidelines for the practice of medicine

**Decision rationale:** The use of the prescribed Niaspan 100 mg ER is directed to the treatment of the patient's lipid disorder and directed to the control of cholesterol issues. There is no demonstrated nexus to the cited mechanism of injury for the use of the Niaspan. The patient is being prescribed Niaspan for an underlying comorbidity; however, there is no documentation of efficacy or functional improvement. There was no rationale supported with objective evidence provided by the prescribing physician to support the medical necessity of the prescribed Niaspan. There is no demonstrated medical necessity for the prescribed niacin for the treatment of the effects of the industrial injury. There is no demonstrated medical necessity for five refills.