

<b>Case Number:</b>	CM14-0142159		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	08/29/2011
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2014

### 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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 patient is a 51 year old male with date of injury 8/29/11. The mechanism of injury is not stated in the available medical records. The patient has complained of neck pain, right knee pain and right shoulder pain since the date of injury. He has been treated with right knee arthroscopic surgery, physical therapy and medications. There are no radiographic reports included for review. Objective: decreased and painful range of motion of the cervical spine, cervical spine paraspinous musculature tenderness to palpation, positive trigger points in the cervical paraspinous musculature, tenderness to palpation of the medial joint line right knee, crepitus with range of motion of the right knee, right wrist positive Tinel's sign. Diagnoses: right carpal tunnel syndrome, right upper extremity radiculopathy, cervicalgia, cervical myoligamentous injury. Treatment plan and request: Norco, Anaprox, Prilosec.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

**Decision rationale:** This 51 year old male has complained of neck pain, right knee pain and right shoulder pain since date of injury 08/29/11. He has been treated with right knee arthroscopic surgery, physical therapy and medications to include opioids since at least 03/2014. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco 10/325 is not indicated as medically necessary.

**Anaprox DS 550mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68, 73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

**Decision rationale:** This 51 year old male has complained of neck pain, right knee pain and right shoulder pain since date of injury 08/29/11. He has been treated with right knee arthroscopic surgery, physical therapy and medications to include NSAIDS since at least 03/2014. The current request is for Anaprox. Per the MTUS guideline cited above, NSAIDS are recommended for the short term (2-4 week) symptomatic relief of pain. The current treatment duration at the time of request exceeds the recommended treatment period. Additionally, there is no provider documentation of the rationale for continuation of treatment. On the basis of the MTUS guidelines, Anaprox is not indicated as medically necessary.

**Prilosec 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 67-68.

**Decision rationale:** This 51 year old male has complained of neck pain, right knee pain and right shoulder pain since date of injury 08/29/11. He has been treated with right knee arthroscopic surgery, physical therapy and medications to include Prilosec since at least 03/2014. The current request is for Prilosec. No treating physician reports adequately describe the relevant signs and symptoms of possible GI disease. No reports describe the specific risk factors for GI disease in this patient. In the MTUS citation listed above, chronic use of PPI's can predispose patients to hip fractures and other unwanted side effects such as Clostridium difficile colitis. Based on the MTUS guidelines cited above and the lack of medical documentation, Prilosec is not indicated as medically necessary in this patient.