

Case Number:	CM14-0216015		
Date Assigned:	01/06/2015	Date of Injury:	05/22/2009
Decision Date:	02/28/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

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

According to the records made available for review, the injured worker is a 51 year-old female with a date of injury of 05/22/2009. The results of the injury include neck pain, bilateral shoulder pain, low back pain, and bilateral knee pain. Diagnoses have included right knee medial meniscus tear; L5-S1 annular tear and degenerative disc disease; cervical spine C3-C7 disc degeneration; rotator cuff syndrome; and right ankle sprain. Diagnostic studies were not submitted for review. Treatments have included medications, physical therapy, and surgical intervention. Medications have included Motrin, Prilosec, Zanaflex, and Norco. Surgical intervention has included a right knee medial and lateral meniscectomy, performed on 10/27/2014, as well as a L4-S1 anterior posterior fusion, performed on 11/28/2012. A progress note from the treating physician, dated 12/11/2014, documented a follow-up visit. The injured worker reported that the right knee pain continues and rated the pain at 9/10 on the visual analog scale without the use of prescribed medications, and rated the pain at 7-8/10 with the use of the prescribed medications. Objective findings included well-healing portals over the right knee with no palpable tenderness over the medial joint line, over the medial fat pad, anterior to the MCL, over the MCL and posterior to the MCL, along the lateral joint line over the lateral fat pad, anterior to the LCL and over the LCL bilaterally; no crepitation or diminished motion of the patella; pain with range of motion; and negative McMurray's test. The plan of treatment includes continuing stretching exercises until approval for physical therapy sessions; repeat urine drug screen; Prilosec for dyspepsia; Motrin for inflammation; weaning dose of Norco for ongoing complaints of pain; and follow-up visit in 4-6 weeks. Request is being made for Norco 5/325 mg

#45 and for Prilosec 20 mg #60. On 12/23/2014, Utilization Review modified a prescription for Norco 5/325 mg #45. Utilization Review modified a prescription for Norco 5/325 mg #45 based on the concern for long-term opioid use involving tolerance, opioid-induced hyperanalgesia, long-range adverse effects, and opioid abuse. As well, Utilization Review noted that the "upper limit of normal" for opioids is suggested prior to evaluation with a pain specialist for the need for possible continuation of treatment, escalation of dose, or possible weaning. The Utilization Review noted that the modification of the requested Norco prescription would be medically reasonable based on some continued post-operative pain. The Utilization Review cited the ACOEM Guidelines, Knee Disorders: NSAIDs and Acetaminophen; and the CA MTUS: Opioids for Chronic Pain. Utilization Review non-certified a prescription for Prilosec 20 mg #60. Utilization Review non-certified a prescription for Prilosec 20 mg #60 based on the lack of indication of a risk for gastrointestinal events. The Utilization Review cited the Official Disability Guidelines, Pain Chapter, Updated 12/21/2014: Proton Pump Inhibitors. Application for independent medical review was made on 12/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Criteria For Use Of Opioids Page(s): 60-61, 76-78, 88-89.

Decision rationale: According to the 12/11/2014 report, this patient presents with right knee pain, rated as a 9 on VAS without the use of her medications and reduces to a 7-3 on VAS with the use of his medications. The current request is for Norco 5/325mg #45. This medication was first mentioned in the 07/30/2014 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, the MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." The MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In reviewing the 07/30/2014 to 12/11/2014 medical reports provided by the treating physician, the patient is status post lumbar laminectomy and fusion from L4-S1 with hardware and bicortical disc grafts and medial and lateral meniscectomy of the right knee. The treating physician documents that the patient's pain range from a 9/10 to 3/10. Recent UDS was obtained. However, there is no documentation provided discussing the patient's ADL's. The treating physician does not discuss outcome measures as required by MTUS. No valid instruments are used to measure the patient's function which is recommended once at least every 6 months per MTUS. No discussion regarding other opiates management issues such as CURES and behavioral issues. The treating physician has failed to clearly document analgesia, ADL's,

Adverse effects and Adverse behavior as required by MTUS. The request is not medically necessary

Prilosec 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, PPIs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: According to the 12/11/2014 report, this patient presents with right knee pain, rated as a 9 on VAS without the use of her medications and reduces to a 7-3 on VAS with the use of his medications. The current request is for Prilosec 20 mg #60 for dyspepsia caused by the medications. This medication was first noted in the 07/30/2014 report. The MTUS page 69 states under NSAIDs prophylaxis to discuss GI symptoms & cardiovascular risk and recommendations are with precautions as indicated below. Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The MTUS further states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Review of the provided reports show that the patient is currently on Motrin (an NSAID) and has dyspepsia side effects with medication use. However, the treating physician does not provide discussion regarding GI assessment as required by MTUS. MTUS does not recommend routine use of GI prophylaxis without documentation of GI risk. The patient is not over 65 years old; no other risk factors are present and there is no documentation of functional benefit from this medication or pain relief as required by the MTUS guidelines on page 60. Therefore, the request is not medically necessary.