

Case Number:	CM14-0219071		
Date Assigned:	01/09/2015	Date of Injury:	06/08/2012
Decision Date:	03/11/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/31/2014

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 31 year old male sustained a work related injury on 06/08/2012. According to a progress report dated 11/20/2014, the injured worker had been utilizing opiate pain medication for the last two years and has developed tolerance. It was difficult for the injured worker to obtain decent pain relief in the acute post-op period with the same amount of Norco that he was using pre-op. Diagnoses included right ACL and medial meniscus repair 10/17/2014, status post L4-5, L5-S1 lami/disc on 09/13/2013 with residual pain, right shoulder internal derangement, left wrist trauma status post open reduction internal fixation 05/2014-non industrial, reactionary depression/anxiety-industrial secondary to #1 & 2 and medication induced gastritis. Treatment plan included OxyContin, Norco, Ambien, Anaprox DS, Prilosec and Prozac. According to the provider, the Prilosec was for the injured worker's significant gastrointestinal distress and gastroesophageal reflux disease. The injured worker was determined to have chronic myofascial pain in the posterior lumbar musculature which medication management therapies such as ongoing stretching, exercises, physical therapy and/or muscle relaxants have failed to control. The injured worker had palpable trigger point with a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produced a local twitch in response to stimulus to the band. The injured worker received four trigger-point injections. According to a progress report dated 12/11/2014, the injured worker has significant pain and antalgic gait and was having exacerbation of his low pain. He was actively participating in physical therapy twice a week. Anaprox was used twice a day as a baseline analgesic and anti-inflammatory. MS Contin and Norco was being utilized and was slowly being decreased as the injured worker tolerated.

Without this medication he was unable to function and participate in physical therapy. Prilosec twice a day controlled gastroesophageal reflux disease symptoms and medication induced gastritis symptoms. On 12/05/2014, Utilization Review modified 180 Norco 10/325mg and non-certified 60 Anaprox DS 550mg and 60 Prilosec 20mg. The request was received on 12/03/2014. Guidelines cited for this review included CA MTUS Chronic Pain Medical Treatment Guidelines, Opioids Dosing, Weaning of Medications, Criteria for use of opioids, Anaprox and NSAIDS, GI symptoms and cardiovascular risk.

IMR ISSUES, DECISIONS AND RATIONALES

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

180 Norco 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines Pain section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #180 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, optional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. The lowest possible dose should be prescribed pain and function. The patient should set goals and the continued use of opiates should be contingent on meeting these goals. In this case, the injured worker's working diagnoses are right ACL and medial meniscus repair, 10/17/14; status post L4-L5, and L5-S1 lami/disc 9/13/13 with residual pain; right shoulder internal derangement; left wrist trauma, status post ORIF 5/2014 (non-industrial); reactionary depression/anxiety secondary to DX #1 & 2; and medication induced gastritis. Subjectively, the injured worker is recovering from recent right knee surgery. There is significant pain and exacerbation of low back pain. Medication induced gastroesophageal reflux symptoms are well controlled with Prilosec. The injured worker has "been on pain medicines for years and requires it to function on a daily basis." The documentation in the medical record from the provider states MS Contin and Norco are refilled early because the worker is not getting adequate pain control. He has been utilizing opiate medicines for two years and has developed a tolerance. There are no pain assessments in the medical record. There are no risk assessments in the medical record. Urine drug screens were performed that were consistent with the medications being taken. The documentation did not contain evidence of objective functional improvement. The documentation did not contain a clinical rationale for the use of two opiates, MS Contin and Norco, taken concurrently. Consequently, absent clinical documentation to support the ongoing use of Norco with objective functional improvement taken concurrently with a second opiate (MS Contin) and early refills, Norco 10/325#180 is not medically necessary.

60 Anaprox DS 550mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines Pain section, NSAI

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Anaprox DS 550 mg #60 is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are right ACL and medial meniscus repair, 10/17/14; status post L4-L5, and L5-S1 lami/disc 9/13/13 with residual pain; right shoulder internal derangement; left wrist trauma, status post ORIF 5/2014 (non-industrial); reactionary depression/anxiety secondary to DX #1 & 2; and medication induced gastritis. Subjectively, the injured worker is recovering from recent right knee surgery. There is significant pain and exacerbation of low back pain. Medication induced gastroesophageal reflux symptoms are well controlled with Prilosec. The injured worker has "been on pain medicines for years and requires it to function on a daily basis." The documentation in the medical record from the provider states MS Contin and Norco are refilled early because the worker is not getting adequate pain control. He has been utilizing opiate medicines for two years and has developed a tolerance. There are no pain assessments in the medical record. The documentation there is no documentation of objective functional improvement as it pertains to an Anaprox DS. There is no start date in the medical record. Anaprox, a nonsteroidal anti-inflammatory drug is recommended at the lowest dose for the shortest period in patients with moderate to severe pain. The treating physician has exceeded the recommended guidelines notwithstanding clinical documentation to the contrary. Consequently, Anaprox DS 550 mg #60 is not medically necessary.

60 Prilosec 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines Pain section, proton pump inhibitors

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Prilosec 20 mg #60 is not medically necessary. Prilosec is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, a greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or steroids; or high dose/multiple nonsteroidal anti-inflammatory drugs. For dyspeptic symptoms,

the guidelines recommend stopping the nonsteroidal anti-inflammatory drug, switch to a different nonsteroidal anti-inflammatory drug consider an H2 receptor antagonist or a proton pump inhibitor. In this case, the injured workers working diagnoses are right ACL and medial meniscus repair, 10/17/14; status post L4-L5, and L5-S1 lami/disc 9/13/13 with residual pain; right shoulder internal derangement; left wrist trauma, status post ORIF 5/2014 (non-industrial); reactionary depression/anxiety secondary to DX #1 & 2; and medication induced gastritis. Subjectively, the injured worker is recovering from recent right knee surgery. There is significant pain and exacerbation of low back pain. Medication induced gastroesophageal reflux symptoms are well controlled with Prilosec. The injured worker has "been on pain medicines for years and requires it to function on a daily basis." The documentation in the medical record from the provider states MS Contin and Norco are refilled early because the worker is not getting adequate pain control. He has been utilizing opiate medicines for two years and has developed a tolerance. The documentation does not contain comorbid conditions or past medical history compatible with gastrointestinal events enumerated above. Specifically, there is no history of peptic ulcer disease, G.I. bleeding, concurrent use of aspirin or steroids, etc. The injured worker does complain of gastroesophageal reflux disease symptoms. Although there are subjective GERD complaints that are well controlled with Prilosec, documentation does not contain objective evidence of improvement by the treating physician. There is no indication in the medical record the treating physician switched to a different nonsteroidal anti-inflammatory drug, considered H2 receptor antagonist prior to starting a post on pump inhibitor. Consequently, absent clinical documentation to support the ongoing use of Prilosec with objective evidence of functional improvement, Prilosec 20 mg #60 is not medically necessary.