

Case Number:	CM14-0219172		
Date Assigned:	01/09/2015	Date of Injury:	06/19/2013
Decision Date:	03/10/2015	UR Denial Date:	12/23/2014
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:

The injured worker is a 54-year-old male, with a reported date of injury of 06/19/2013. He reported bilateral knee pain. The diagnoses have included left knee degenerative joint disease, status post total knee arthroplasty, and right knee internal derangement. Treatments to date have included Anaprox DS 550mg, Norco 5/325mg, an x-ray of the left knee on 08/18/2013, which showed bone-on-bone arthritis, computerized tomography (CT) scan of the left knee on 06/24/2014, which showed suggested synovitis, status post left knee arthroplasty and patellar resurfacing, and an x-ray of the bilateral knees on 06/24/2014, which indicated mild arthrosis of the right medial patellofemoral compartments, and moderate joint effusion of the left knee and signs of infection. Currently, the injured worker complains of continued left knee pain and right knee pain. He rated the pain in both knees a 9 out of 10, without medications. The pain rate decreases to 8 out of 10 with the use of his medications. The physical examination included an antalgic gait pattern, favoring the right leg; use of a cane for support; swelling over the medial and lateral joint line of the left knee; tenderness to palpation over the tibial plateau, medial joint line, and lateral line bilaterally; decreased bilateral flexion; pain with extension in the right knee; decreased extension with pain in the left knee; and positive McMurray's test on the right knee. The treating physician recommended a new prescription of Norco 5/325mg #90 1 tablet by mouth every 8 hours, and Protonix 20mg #60 one tablet by mouth every 12 hours. On 12/23/2014, Utilization Review non-certified Norco 5/325mg #90, and Protonix 20mg #60, noting the injured worker should have had enough medication to complete the weaning process and the medical records do not establish that the injured worker meets any of the risk factors to

suggest that she has an increased risk for gastrointestinal events. The MTUS Chronic Pain Guidelines and the Non-MTUS Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 5/325MG #90: 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 rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 5/325 mg #90 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 improve 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 left knee degenerative disc disease; status post total knee arthroplasty (September 26, 2013); and right knee internal derangement. Subjectively, the injured worker complains of right knee and left knee pain 9/10 without medications and 8/10 with medications. Objectively, the injured worker favors the right lower extremity. The injured worker uses a cane for ambulation and has tenderness to palpation over the tibial plateau, medial joint and lateral joint lines bilaterally. The documentation indicates Norco 5/325 mg has been used as early as July 9, 2014. This is the earliest progress note in the medical record and, as a result, the start date is unclear. There are no urine drug screens the medical record. There is no documentation of objective functional improvement. There are no pain assessments or risk assessments in the medical record. Consequently, absent clinical documentation to support the ongoing use of Norco without evidence of objective functional improvement or urine drug screen and pain assessments, Norco 5/325 mg #90 is not medically necessary.

PROTONIX 20MG #60: Upheld

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

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Protonix 20 mg #60 is not medically necessary. Protonix 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. In this case, the injured worker's working diagnoses are left knee degenerative disc disease; status post total knee arthroplasty (September 26, 2013); and right knee internal derangement. Subjectively, the injured worker complains of right knee and left knee pain 9/10 without medications and 8/10 with medications. Objectively, the injured worker favors the right lower extremity. The injured worker uses a cane for ambulation and has tenderness to palpation over the tibial plateau, medial joint and lateral joint lines bilaterally. The documentation indicates Protonix 20 mg has been used by the worker as early as July 9, 2014. This is the earliest progress note in the medical record. As a result, the start date for protonix is unknown. The documentation does not contain evidence of comorbid conditions or past medical history of any gastrointestinal events. Specifically, there is no history of peptic ulcer disease, G.I. bleeding concurrent aspirin use or corticosteroids, etc. Consequently, absent clinical documentation risk factors for gastrointestinal events, Protonix 20 mg #60 is not medically necessary.