

<b>Case Number:</b>	CM15-0012319		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	10/18/1999
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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:

The injured worker is a 74 year old male, who sustained an industrial injury on 10/18/99. He has reported injury to both knees. The diagnoses have included internal derangement of right and left knee and medication induced gastritis. Treatment to date has included bilateral total knee replacement, medications, and physical therapy. Currently, the injured worker complains of low back pain. The physical exam dated 12/15/14 noted the injured worker to be in mild to moderate distress. Physical exam noted mild tenderness to lumbar spine, left knee and right with soft tissue swelling. On 12/30/14 Utilization Review non-certified Avapro DS 550mg #60, Prilosec 20mg #60, Norco 10/325mg #45 and Ultracet 37.5mg 345, noting the lack of documentation. The MTUS, ACOEM Guidelines, was cited. On 1/9/15, the injured worker submitted an application for IMR for review of Avapro DS 550mg #60, Prilosec 20mg #60, Norco 10/325mg #45 and Ultracet 37.5mg 345.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anaprox DS 550mg BID PRN #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68, 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60.

**Decision rationale:** The 75 year old patient presents with ongoing pain in bilateral knees that is aggravated by activity, as per progress report dated 12/15/14. The request is for ANAPROX DS 550 mg BID PRN # 60. There is no RFA for this case, and the patient's date of injury is 10/18/99. The patient is status post right total knee replacement in November, 1999, and status post left right knee replacement in December, 1999. The patient also complains of low back pain rated at 4/10. Medications, as per the same progress report, included Ultracet, Norco, Anaprox and Prilosec. None of the progress reports document the patient's work history. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, a prescription for Anaprox is first noted in progress report dated 04/04/14, and the patient has been using the medication consistently at least since then. In progress report dated 12/15/14, the treater states the use of Norco along with Anaprox has been beneficial. However, the reports do not document a specific reduction in pain or an improvement in function. Nonetheless, the patient suffers from chronic pain for which NSAIDs are indicated. Hence, the patient can continue to use Anaprox at the treater's discretion. This request IS medically necessary.

**Prilosec 20mg BID PRN #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 68, 78.

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

**Decision rationale:** The 75 year old patient presents with ongoing pain in bilateral knees that is aggravated by activity, as per progress report dated 12/15/14. The request is for PRILOSEC 20 mg BID PRN # 60. There is no RFA for this case, and the patient's date of injury is 10/18/99. The patient is status post right total knee replacement in November, 1999, and status post left right knee replacement in December, 1999. The patient also complains of low back pain rated at 4/10. Medications, as per the same progress report, include Ultracet, Norco, Anaprox and Prilosec. None of the progress reports document the patient's work history. MTUS pg 69 states , "Clinicians should weight 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)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, a prescription for Prilosec and Anaprox --- NSAID --- is noted in progress report dated 04/04/14, and the patient has been taking these two medications consistently at least since then. In progress report dated 12/15/14, the treater states that that patient suffers from medication-induced gastritis and has several risk factors such as "age, NSAID'S, chronic pain and stress, poor eating habits and nutrition, some

alcohol and smoking use." MTUS also recommends Prilosec to individuals over 65 years age using NSAIDs. Hence, the request IS medically necessary.

**Norco 10/325mg TID #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68, 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** The 75 year old patient presents with ongoing pain in bilateral knees that is aggravated by activity, as per progress report dated 12/15/14. The request is for NORCO 10/325 mg TID # 90. There is no RFA for this case, and the patient's date of injury is 10/18/99. The patient is status post right total knee replacement in November, 1999, and status post left right knee replacement in December, 1999. The patient also complains of low back pain rated at 4/10. Medications, as per the same progress report, include Ultracet, Norco, Anaprox and Prilosec. None of the progress reports document the patient's work history. 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." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse 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 this case, a prescription for Norco is first noted in progress report dated 04/04/14, and the patient has been taking the medication consistently at least since then. In progress report dated 12/15/14, the treater states that they routinely monitor the impact of opioids on activities of daily living and function. "The patient is routinely monitored for "at risk" behavior with random urine drug screens ---- UDT ----, CURES review, and the patient has a signed opioid treatment contract," the report says. The treater, however, does not document a change in pain scale due to opioid use nor does the treater use a validated scale to demonstrate a measurable increase in function. The UDS and CURES reports are not provided for review. The treater does not list the side effects of opioids as well. MTUS requires specific discussion about all four A's including analgesia, specific ADL's, adverse reactions, and aberrant behavior. This request IS NOT medically necessary.

**Ultracet 37.25mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68, 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** The 75 year old patient presents with ongoing pain in bilateral knees that is aggravated by activity, as per progress report dated 12/15/14. The request is for ULTRACET 37.25 mg # 90. There is no RFA for this case, and the patient's date of injury is 10/18/99. The

patient is status post right total knee replacement in November, 1999, and status post left right knee replacement in December, 1999. The patient also complains of low back pain rated at 4/10. Medications, as per the same progress report, include Ultracet, Norco, Anaprox and Prilosec. None of the progress reports document the patient's work history. 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." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse 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 this case, a prescription for Norco is first noted in progress report dated 12/15/14. The use of this opioid is not documented in the prior progress reports but the patient has been taking Norco --- another opioid --- at least since 04/04/14. In progress report dated 12/15/14, the treater states that they routinely monitor the impact of opioids on activities of daily living and function. "The patient is routinely monitored for 'at risk' behavior with random urine drug screens --- UDT ---, CURES review, and the patient has a signed opioid treatment contract," the report says. The treater, however, does not document a change in pain scale due to opioid use nor does the treater use a validated scale to demonstrate a measurable increase in function. The UDS and CURES reports are not provided for review. Th treater does not list the side effects of opioids as well. MTUS requires specific discussion about all four A's including analgesia, specific ADL's, adverse reactions, and aberrant behavior. This request IS NOT medically necessary.