

Case Number:	CM15-0018939		
Date Assigned:	02/09/2015	Date of Injury:	06/25/2003
Decision Date:	03/25/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/02/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 65 year old male who sustained an industrial injury to his lower back and knees while employed as a heavy equipment driver on June 25, 2003. The injured worker underwent right knee arthroscopy surgery in 2005 and left knee arthroscopy in April 2007, L3, L4 and L5 laminectomy in August 2007 and in 2010 the injured worker had a left total knee replacement. All surgical interventions were followed by physical therapy. According to the physician's progress report on December 29, 2014, the injured worker was seen for follow up and medication refills. The evaluation noted tenderness of the musculature of the lumbar spine, spasm on the right lumbar region and decreased range of motion. There was tenderness bilaterally in the medial and lateral aspects of the knees with swelling present in the right. The injured worker continues to experience persistent low back pain. Current medications consist of Hydrocodone, Naprosyn and Omeprazole. The claimant had been on the medications since at least 2012. The injured worker is Permanent & Stationary (P&S). The treating physician requested authorization for Norco 10/325mg 10/325mg #60; Prilosec 20mg #60 with 3 refills; Naprosyn 500mg #60 with 3 refills. On January 14, 2015 the Utilization Review denied certification for Prilosec 20mg #60 with 3 refills. The Utilization Review modified the certification for Norco 10/325mg #60 to Norco 10/325mg #35 and Naprosyn 500mg #60 with 3 refills to Naprosyn 500mg #60 with 1 refill. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for over a year. Recent pain scores are not noted and long-term use is not indicated. The continued use of Norco is not medically necessary.

Prilosec 20mg #60 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 68-69.

Decision rationale: According to the MTUS guidelines, Prilosec is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Furthermore, the continued use of NSAIDs as below is not medically necessary. The claimant had been on Prilosec for over 2 years without mention of risk factors above. Therefore, the continued use of Prilosec is not medically necessary.

Naprosyn 500mg #60 with 3 refills: Upheld

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

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

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for over a year. There was no indication of Tylenol failure. The claimant had been on Naproxen since at least 2012 and long-term NSAID

use has renal and GI risks. There was no indication for combined use with opioids. The claimant was placed on a PPI due to Naproxen use. Continued use of Naproxen is not medically necessary.