

Case Number:	CM15-0110047		
Date Assigned:	06/19/2015	Date of Injury:	02/02/2008
Decision Date:	08/24/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/08/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 46 year old male, who sustained an industrial injury on February 2, 2008. The mechanism of injury was a fall. The injured worker has been treated for low back and right knee complaints. The diagnoses have included left knee medial meniscus tear, lumbar disc protrusions, right knee diffuse pain syndrome, lumbar radiculopathy and post-laminectomy syndrome. Treatment to date has included medications, radiological studies, MRI, lumbar brace, electrodiagnostic studies, physical therapy, injections, chiropractic treatments, medication management and two lumbar spine surgeries. Current documentation dated April 23, 2015 notes that the injured worker reported severe low back pain and left knee pain. Examination of the lumbar spine revealed tenderness to palpation over the left paravertebral muscles with spasms and trigger points noted. Range of motion was limited in all planes. A straight leg raise test was positive on the left. Examination of the left knee revealed tenderness to palpation diffusely over the lateral aspect of the left patella. Sensation was diminished in the left lower extremity. The treating physician's plan of care included a request for Norco 10/325 mg # 120, Naproxen 550 mg # 60, Ambien 10 mg # 30 and Prilosec 20 mg # 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on February 2, 2008. The medical records provided indicate the diagnosis of left knee medial meniscus tear, lumbar disc protrusions, right knee diffuse pain syndrome, lumbar radiculopathy and post-laminectomy syndrome. Treatment to date has included medications, radiological studies, MRI, lumbar brace, electrodiagnostic studies, physical therapy, injections, chiropractic treatments, medication management and two lumbar spine surgeries. The medical records provided for review do not indicate a medical necessity for Norco 10/325mg #120. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. The MTUS does not recommend long-term use of opioids the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker has been on this medication at least 08/2014, but with no overall improvement. The injured worker is not properly monitored for pain control, activities of daily living, aberrant behavior, and adverse effects. The request is not medically necessary.

Naproxen 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Discussion; NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 8; 67-71.

Decision rationale: The injured worker sustained a work related injury on February 2, 2008. The medical records provided indicate the diagnosis of left knee medial meniscus tear, lumbar disc protrusions, right knee diffuse pain syndrome, lumbar radiculopathy and post-laminectomy syndrome. Treatment to date has included medications, radiological studies, MRI, lumbar brace, electrodiagnostic studies, physical therapy, injections, chiropractic treatments, medication management and two lumbar spine surgeries. The medical records provided for review do not indicate a medical necessity for Naproxen 550mg #60. Naproxen is an NSAID. The MTUS recommends the lowest dose for the shortest period in patients with moderate to severe pain. The medical records indicate the injured worker has been on this medication for an unspecified length of time but with no overall improvement. The MTUS states, "Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic

modalities". The requested treatment is not medically necessary since the injured worker has not made satisfactory improvement with the medication.

Ambien 10mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Zolpidem (Ambien).

Decision rationale: The injured worker sustained a work related injury on February 2, 2008. The medical records provided indicate the diagnosis of left knee medial meniscus tear, lumbar disc protrusions, right knee diffuse pain syndrome, lumbar radiculopathy and post-laminectomy syndrome. Treatment to date has included medications, radiological studies, MRI, lumbar brace, electrodiagnostic studies, physical therapy, injections, chiropractic treatments, medication management and two lumbar spine surgeries. The medical records provided for review do not indicate a medical necessity for Ambien 10mg #30. The MTUS is silent on this, but the Official Disability Guidelines states that Zolpidem (Ambien) is approved for the short-term (usually two to six weeks) treatment of insomnia. The records indicate the injured worker has been on this medication at least since 04/2014. The request is not medically necessary.

Prilosec 20mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The injured worker sustained a work related injury on February 2, 2008. The medical records provided indicate the diagnosis of left knee medial meniscus tear, lumbar disc protrusions, right knee diffuse pain syndrome, lumbar radiculopathy and post-laminectomy syndrome. Treatment to date has included medications, radiological studies, MRI, lumbar brace, electrodiagnostic studies, physical therapy, injections, chiropractic treatments, medication management and two lumbar spine surgeries. The medical records provided for review do not indicate a medical necessity for Prilosec 20mg #30. Prilosec (Omeprazole) is a proton pump inhibitor. The MTUS recommends the addition of proton pump inhibitors to the treatment of individuals at risk of gastrointestinal events who are on treatment with NSAIDs. Gastrointestinal risk factors include: (1) age > 65 years; (2) history of peptic ulcer, Gastrointestinal bleeding or perforation; (3) concurrent use of Aspirin corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose Aspirin). The medical records do not indicate the injured worker has any of those risk factors. Besides, the NSAID Naproxen has been determined not to be medically necessary.