

<b>Case Number:</b>	CM15-0116081		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	06/22/1987
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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: New York

Certification(s)/Specialty: Pediatrics, 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, who sustained an industrial injury on June 22, 1987. The injured worker was diagnosed as having severe left hip degenerative joint disease, status post left greater trochanter bursitis, left total hip replacement on June 21, 2014, L4-L5 and L5-S1 stenosis, right lower extremity radiculopathy, and L4-L5 and L5-S1 facet arthropathy. Treatment to date has included MRI, left total hip replacement, a work hardening program, trigger point injections, and medication. Currently, the injured worker complains of lower back pain, numbness in the anterior thigh, and left hip pain. The Primary Treating Physician's report dated May 19, 2015, noted the injured worker reported his lower back pain as a 6-8/10 on the visual analog scale (VAS) without the use of medications and 3-4/10 with the use of medications. The numbness in the right anterior thigh was reported to be a 4-6/10 on the visual analog scale (VAS) without medications, reduced to a 2-3/10 with medications, and the left hip pain a 5-9/10 on the visual analog scale (VAS) without medications and a 3-4/10 with medications. The injured worker's current medications were listed as Percocet, Vimovo, and Prilosec DR. Physical examination was noted to be normal with the exception of decreased sensation on the right anterior thigh. The Physician noted the injured worker was to continue on his current medications and that he had tried other non-steroid anti-inflammatory drugs (NSAIDs) which caused severe dyspepsia, with the injured worker reporting the Vimovo had been beneficial. The injured worker was noted to have a pain contract on file, with a random urine drug screen planned to be performed at the visit. The treatment plan was noted to include a request for

authorization for an ergonomic work station evaluation, continued work hardening therapy, and a refill of the Percocet and Vimovo.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**120 Percocet 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 Opioids Page(s): 74, 78-80.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines notes that ongoing management of opioid therapy should include the lowest possible dose prescribed to improve pain and function, and ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. On-going management should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. The guidelines note to continue opioids when the injured worker has returned to work, and if the injured worker has improved functioning and pain. The documentation provided noted the initiation of the Percocet in August 2014, a month after left hip surgery, with no documentation of any attempts at weaning since initiation. The injured worker continued to complain of lower back, left hip and right anterior thigh pain, without significant improvements in the visual analog scale (VAS) ratings over the previous three months. The Physician report dated April 20, 2015, noted the injured worker continued to meet the four A's of pain management care, had a pain management contract, and provided random urine drug screen (UDS) when requested and authorized, with consideration of weaning the Percocet through his work hardening therapy, however, the documentation provided failed to include objective, measurable improvement in the injured worker's pain, increased level of function, or improved quality of life. Based on the MTUS guidelines and the documentation provided, the request for 120 Percocet 10/325mg is not medically necessary.

**60 Vimovo:** 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 (Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Vimovo (esomeprazole magnesium/ naproxen).

**Decision rationale:** The MTUS is silent on Vimovo (esomeprazole magnesium/ naproxen). The Official Disability Guidelines (ODG) notes that Vimovo (esomeprazole magnesium/ naproxen) is not recommended as a first-line therapy. The NSAID/PPI combo is indicated to relieve signs and symptoms of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis while decreasing the risk for NSAID-related gastric ulcers in susceptible patients. A trial of omeprazole and naproxen or similar combination is recommended before Vimovo therapy. The Physician report dated January 28, 2015, noted the injured worker was prescribed Vimovo for its anti-inflammatory, analgesic, and gastrointestinal (GI) protective components. The injured worker was noted to have complaints of dyspepsia associated with Naprosyn. The documentation provided did not include documentation of a trial of Omeprazole with the Naproxen or any other similar combination prior to initiation of the Vimovo therapy. Based on the Official Disability Guidelines (ODG) and the documentation provided the request for 60 Vimovo is not medically necessary.