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| Case Number: | CM15-0117440 | | |
| Date Assigned: | 06/25/2015 | Date of Injury: | 04/07/2012 |
| Decision Date: | 08/25/2015 | UR Denial Date: | 06/04/2015 |
| Priority: | Standard | Application Received: | 06/18/2015 |

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 45 year old female who sustained an industrial injury on 04/07/2012. There was no mechanism of injury documented. The injured worker was diagnosed with advanced degenerative joint disease of the right knee. Treatment to date has included diagnostic testing, conservative measures, physical therapy and medications. According to the primary treating physician's progress report on January 26, 2015, the injured worker reports continued improvement. Medications and physical therapy are proving effective. Examination of the right knee noted pain with deep flexion and neurovascular intact. Left knee range of motion was documented at 90 degrees flexion and extension 30 degrees. Current medications are listed as Norco 10/325mg, Ibuprofen, Omeprazole and Dendracin topical analgesics. Treatment plan consists of authorization for a right total knee replacement and the current request for Norco 10/325mg, Ibuprofen, Flector Patch and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, Weaning of Medications, Hydrocodone/Acetaminophen Page(s): 76- 80, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, criteria for use of opioids Page(s): 60, 61, 88, 89, 76-78.

Decision rationale: The patient presents on 02/10/15 with unrated left knee pain, which has demonstrated continued improvement. The patient's date of injury is 04/07/12. Patient has no documented surgical history directed at this complaint. The request is for NORCO 10/325MG #60. The RFA was not provided. Physical examination dated 02/10/15 reveals pain with deep flexion of the left knee, and a left knee range of motion 90 degrees on flexion, 30 degrees on extension. The patient is currently prescribed Norco, Ibuprofen, and Omeprazole. Diagnostic imaging was not included. Patient is currently not working. 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 regard to the request for Norco, the treater has not provided adequate documentation to continue its use. It is unclear how long this patient has been prescribed Norco or to what effect. Only one progress note was provided, dated 02/10/15, addressing efficacy, the provider states: "Medications as well as physical therapy are proving effective in improving patient's pain levels, function, and ROM and overall sense of comfort." MTUS guidelines require documentation of analgesia via a validated scale, activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. In this case, no such documentation is provided. Without documentation of the 4A's as required by MTUS, this medication cannot be substantiated. The request IS NOT medically necessary.

Omeprazole 20mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

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

Decision rationale: The patient presents on 02/10/15 with unrated left knee pain, which has demonstrated continued improvement. The patient's date of injury is 04/07/12. Patient has no documented surgical history directed at this complaint. The request is for OMEPRAZOLE 20MG #60 WITH 2 REFILLS. The RFA was not provided. Physical examination dated 02/10/15 reveals pain with deep flexion of the left knee, and a left knee range of motion 90 degrees on flexion, 30 degrees on extension. The patient is currently prescribed Norco, Ibuprofen, and Omeprazole. Diagnostic imaging was not included. Patient is currently not working. MTUS Chronic Pain Medical Treatment Guidelines pg. 69 states "NSAIDs - Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. PPI's are also allowed for prophylactic use along

with NSAIDS, with proper GI assessment, such as age greater than 65, concurrent use of oral anticoagulants, ASA, high dose of NSAIDs, or history of peptic ulcer disease, etc." In regard to the request for prophylactic treatment with Omeprazole during oral NSAID therapy, the provider has not included GI assessment or complaints of GI upset to substantiate such a medication. It is unclear how long this patient has been prescribed Omeprazole or to what effect. While this patient is currently prescribed an NSAID, Ibuprofen, there is no discussion of gastric complaints secondary to this medication, or evidence of GI symptom relief owing to PPI utilization. Therefore, the request IS NOT medically necessary.

Ibuprofen 600mg #60 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Ibuprofen Page(s): 67-68, 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The patient presents on 02/10/15 with unrated left knee pain, which has demonstrated continued improvement. The patient's date of injury is 04/07/12. Patient has no documented surgical history directed at this complaint. The request is for IBUPROFEN 600MG #60 WITH 2 REFILLS. The RFA was not provided. Physical examination dated 02/10/15 reveals pain with deep flexion of the left knee, and a left knee range of motion 90 degrees on flexion, 30 degrees on extension. The patient is currently prescribed Norco, Ibuprofen, and Omeprazole. Diagnostic imaging was not included. Patient is currently not working. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." MTUS pg60 under Medications for chronic pain also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In regard to Ibuprofen for this patient's knee pain, adequate documentation of pain reduction and functional improvement has been provided. Progress note dated 02/10/15 has the following regarding medication efficacy: "Medications as well as physical therapy are proving effective in improving patient's pain levels, function, and ROM and overall sense of comfort." Given the conservative nature of this medication and documented analgesia, continued use is substantiated. The request IS medically necessary.

Flector patch 180mg #30 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Topical Analgesics Page(s): 111-113.

Decision rationale: The patient presents on 02/10/15 with unrated left knee pain, which has demonstrated continued improvement. The patient's date of injury is 04/07/12. Patient has no documented surgical history directed at this complaint. The request is for FLECTOR PATCH 180MG #30 WITH 2 REFILLS. The RFA was not provided. Physical examination dated 02/10/15 reveals pain with deep flexion of the left knee, and a left knee range of motion 90 degrees on flexion, 30 degrees on extension. The patient is currently prescribed Norco, Ibuprofen, and Omeprazole. Diagnostic imaging was not included. Patient is currently not working. The Flector patch is Diclofenac in a topical patch. MTUS guidelines for topical NSAIDs apply. MTUS, pg 111-113, Topical Analgesics section under Non-steroidal anti-inflammatory agents-NSAIDs states: "The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration." The guideline states short-term use is 4-12 weeks. These are not recommended for neuropathic pain and "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." In regard to the continuation of Flector patches for this patient's chronic knee pain, the request is appropriate. It is unclear how long this patient has been prescribed Flector patches, as only one progress note was provided. Addressing medication efficacy, progress note dated 02/10/15 has the following: "Medications as well as physical therapy are proving effective in improving patient's pain levels, function, and ROM and overall sense of comfort." Given this patient's peripheral joint complaint for which the use of topical NSAIDs are considered appropriate, and the documented benefits of medications including Flector Patches, continued use is substantiated. The request IS medically necessary.