

Case Number:	CM15-0118762		
Date Assigned:	06/29/2015	Date of Injury:	07/15/2007
Decision Date:	07/28/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/19/2015

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: 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 61 year old female, who sustained an industrial injury on 7/15/07. Initial complaints were not reviewed. The injured worker was diagnosed as having status post left total knee replacement (8/5/13); status post arthroscopic repair of the left knee with residual symptoms. Treatment to date has included urine drug screening; medications. Diagnostics included EMG/NCV (7/24/14); MRI right knee (5/20/15). Currently, the PR-2 notes dated 5/15/15 indicated the injured worker complains of left knee and her low back. She complains of pain and need for refill on her medications. She reports the medications help manage her daily pain and her insurance is not covering her hydrocodone for which she suffers a very high level of pain daily and at night. At this time she does not want to pursue any surgical intervention. On physical examination, she shows the injured worker to be antalgic in her gait. She has a very shortened stance when she ambulates and is able to flex the left knee at 120 degrees with discomfort. Extension is noted at 0 degrees and there is joint line discomfort and pain with some swelling which appears to be chronic in nature. She has multiple trigger points of discomfort as well. Examination of the low back is documented revealing she has significant amount of tenderness at the SI joint on the left side. The muscles are guarded and tender with multiple trigger points of discomfort. It radiates down the left gluteal region notable on examination. She is only able to forward flex about 20 degrees. Extension is limited to about 5 degrees. She has rotoscoliosis with rotation with flexion and extension. Sensory abnormalities appear to follow an S1 dermatome. She has positive straight leg raise on the left side and decreased ankle dorsiflexion and atrophy noted in the left leg. She has an EMG/NCV study reported 7/24/14. The

impression was chronic low back strain with radiculopathy down the left lower extremity. He has documented her diagnosis as: Status post left total knee replacement (8/5/13) and status post arthroscopic repair of the left knee with residual symptoms. The provider is requesting authorization of Hydrocodone 10mg #90 and Pantoprazole 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Hydrocodone, the patient has reported very little, if any, functional improvement or pain relief over the course of the last year. Hydrocodone 10mg #90 is not medically necessary.

Pantoprazole 20mg #60: Upheld

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

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

Decision rationale: Pantoprazole is a proton pump inhibitor. According to the Chronic Pain Medical Treatment Guidelines, and prior to prescribing a proton pump inhibitor, a clinician should 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. There is no documentation that the patient has any the risk factors needed to recommend a proton pump inhibitor. Pantoprazole 20mg #60 is not medically necessary.