

<b>Case Number:</b>	CM15-0162408		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	05/12/2013
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	08/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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: 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 31 year old male with a date of injury on 05-12-2013. The injured worker is undergoing treatment for tear of lateral cartilage or meniscus of knee, lumbar some degenerative disc disease and left shoulder tendonitis. Physician progress notes dated 05-06-2015, 06-19-2015, 07-13-2015 and 07-30-2015 documents the injured worker has continued pain across the right knee and lumbar spine pain. He rates his pain as 8 out of 10 without medications and 5 out of 10 with medications. His medications make him more functional and decrease his pain. He has right knee lateral joint pain with a positive McMurray, and +1-2 ACL laxity. There is pain with range of motion and tenderness at the joint line. Range of motion is normal. There is right calf atrophy. The lumbar spine reveals straight leg raising is positive. There is tenderness to palpation across the lumbar spine. He has decreased and painful range of motion with spasms. The left shoulder has a painful range of motion and tenderness to palpation at the acromioclavicular joint. There is a positive impingement. He is temporarily totally disabled. Treatment to date has included diagnostic studies, and medications. A urine drug screen collected on 05-06-2015 was consistent with medications. A Magnetic Resonance Imaging of the right knee done on 04-23-2015 showed a joint effusion, small spurs of the distal and medial and lateral femoral condyles consistent with mild arthritic change, and a 3mm cyst of the popliteal tendon sheath. A Magnetic Resonance Imaging of the lumbar spine done on 04-22-2015 revealed L1-L2 3-4mm right paracentral posterior disc protrusion-extrusion and L5-S1 3mm posterior disc protrusion and reversal of the lumbar lordosis in the upper lumbar spine at L1-2. The treatment plan includes a refill of Prilosec (on since at least 12-26-2014), and Norco

(on since at least 12-126-2014), a lumbar Magnetic Resonance Imaging and a reevaluation in 6 weeks. On 08-03-2015 Utilization Review modified the request for Norco 10/325 mg, 120 count to Norco 10-325mg #30 for weaning purposes. The request for Prilosec 20 mg, thirty count was non-certified.

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

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

**Prilosec 20 mg, thirty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**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. Therefore, the continued use of Prilosec is not medically necessary.

**Norco 10/325 mg, 120 count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain.

**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 for over 8 months. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued and chronic use of Norco is not medically necessary.