

Case Number:	CM15-0166485		
Date Assigned:	09/24/2015	Date of Injury:	08/28/1997
Decision Date:	11/18/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/24/2015

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, Pain Management

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 57 year old female, who sustained an industrial injury on 8-28-1997. The injured worker was being treated for pain in joint of shoulder, pain in joint of lower leg, and enthesopathy of knee. On 6-24-2015, the injured worker reported continued bilateral knee, bilateral shoulders, and bilateral arms and elbows pain. She reported right greater than left shoulder pain, which is aggravated by reaching, lifting, and holding. She can do activities that include the arms when she takes medications. Pt has helped her strength some. She reported increased left knee pain and use of a brace for balance. Her pain was rated 5 out of 10 with medications on visual analogue scale and 9-10 out of 10 without medications. Her pain is improved for 4-5 hours with medications. Her bilateral knee pain was rated on average 8.5 out of 10 and 3-4 out of 10 with Norco and Soma. Current medications include Celebrex 200mg twice a day, Norco 10-325mg 2 to 4 times a day, Soma 340mg twice a day, Lyrica 300mg twice a day, and Protonix 40 mg once a day. She reported the Soma really helped her right shoulder pain. She uses a cane and walker for walking. Due to her pain she is unable to work, do household chores, do recreational activities, and do yard work or exercise. The physical exam (On 6-24-2015) revealed pain bilateral shoulder movements with flexion beyond 150 degrees and abduction beyond 160 degrees, a negative Crank's test, and tenderness to palpation in the acromioclavicular and glenohumeral joints. There was tenderness to palpation of the lateral joint line, medial joint line, and patella of the bilateral knees. There was no joint effusion and negative McMurray's and Bounce tests. The motor and sensory exams were normal. The reflexes in all extremities were normal. Per the treating physician (On 6-24-2015 report), x-rays of the bilateral knees revealed

well placed revision left total knee arthroplasty and bilateral total knee arthroplasties without lucency. An updated and signed opioid contract between the injured worker and provider, a risk assessment profile, and a recent urine drug screen were not included in the provided medical records. Surgeries to date have included a left knee replacement in 2012, a left knee total revision in 2014, a right knee replacement in 2008, left shoulder arthroscopic surgery, 2 right shoulder arthroscopic surgeries, left knee arthroscopy in 1999. Treatment has included at least 10 sessions of physical therapy, a home exercise program, a knee brace, knee steroid injections, and medications including pain (Norco since at least March 2015), anti-epilepsy (Lyrica), muscle relaxant (Soma since at least March 2015), proton pump inhibitor (Protonix since at least March 2015), and non-steroidal anti-inflammatory (Celebrex). Per the treating physician (On 6-24-2015 report), the employee has not returned to work. On 8-6-2015, the requested treatments included Norco 10/325mg #120, Soma 350mg #60, Protonix 40mg #30, and Movantik 25mg (Qty unspecified). On 8-13-2015, the original utilization review non-certified requests for Norco 10/325mg #120, Soma 350mg #60, Protonix 40mg #30, and Movantik 25mg (Qty unspecified).

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 Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), Chronic Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines further specify for discontinuation of opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's pain. However, there is no documentation regarding specific functional improvement as a result of Norco use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.

Soma 350mg #60: 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): Muscle relaxants (for pain).

Decision rationale: Regarding the request for carisoprodol (Soma), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Soma specifically is not recommended for more than 2 to 3 weeks. In the case of Soma, a further consideration is the potential for abuse and dependence, as Soma has been shown to be riskier in this regard than some other muscle relaxants. Within the documentation available for review, there is identification of analgesic benefit as a result of the carisoprodol. However, there is no documentation regarding any specific objective functional improvement. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Given this, the currently requested carisoprodol (Soma) is not medically necessary.

Protonix 40mg #30: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, PPI.

Decision rationale: Regarding the request for pantoprazole (Protonix), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Additionally, ODG recommends Nexium, Protonix, Dexilant, and AcipHex for use as 2nd line agents, after failure of omeprazole or lansoprazole. Within the documentation available for review, there is no recent documentation that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use. Furthermore, there is no indication that the patient has failed first-line agents prior to initiating treatment with pantoprazole (a 2nd line proton pump inhibitor). In the absence of clarity regarding those issues, the currently requested pantoprazole is not medically necessary.

Movantik 25mg (qty unspecified): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Initiating Therapy, Movantik.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation <http://www.drugs.com/movantik.html>.

Decision rationale: With regard to this medication request for Movantik (naloxegol), the Chronic Pain Medical Treatment Guidelines do recommend prophylactic laxative and stool softener agents for any patient on opioid therapy. Opioids are well known to cause constipation commonly as a side effect. Movantik is indicated for the treatment of opioid-induced constipation (OIC) in adult patients with chronic non-cancer pain. Within the submitted documentation, the patient does have constipation associated with opioid use. However, there is no documentation of failure of first line treatment to necessitate the need for a prescription constipation agent. Furthermore, there is no specified quantity associated with this order. As such, this request is not medically necessary.