

<b>Case Number:</b>	CM15-0170180		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	08/19/2013
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	07/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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 29 year old male who sustained an industrial injury on 8-19-13. He had complaints of right knee pain. He was diagnosed with right knee sprain and cartilage injury. Treatments include: medication, physical therapy, injections and surgery. Progress report dated 6-10-15 reports continued complaints of right knee pain that is aggravated by repetitive kneeling, squatting, and lifting. He has difficulty walking on uneven ground and climbing. He reports popping, clicking and grinding with activities. Diagnoses include: right knee sprain and strain, osteochondral defect of the lateral femoral condyle with internal derangement, and status post ultrasound guided visco supplementation injection to right knee. Plan of care includes: reschedule right knee arthroscopic surgery, qualified medical evaluation scheduled for 4-3-15 and refill medications; norco 10-325 mg 1 every 4-6 hours, #120, Ultram ER 150 mg one twice per day #60, voltaren XR 100 mg one twice daily #60 and prilosec 20 mg one per day #60. Work status: total temporary disability. Follow up in 6 weeks.

### 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 for chronic pain.

**Decision rationale:** The MTUS recommends Norco for moderate to moderately severe pain. Opioids for chronic pain appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear, but also appears limited. If the patient does not respond to a time limited course of opioids it is suggested that an alternate therapy be considered. For the on-going management of opioids there should be documentation of pain relief, functional improvement, appropriate use and side effects. The most recent documentation and evaluation failed to comply and submit the aforementioned evidences. The examination findings provided no objective or quantitative measure of pain to determine severity. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. Norco 10/325mg #120 is not medically necessary.

**Ultram ER 150mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Work Loss Data Institute Official Disability Guidelines (ODG) Treatment in Workers Compensation 7th Edition 2011.

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

**Decision rationale:** For the on-going management of opioids there should be documentation of pain relief, functional improvement, appropriate use and side effects. The examination findings provided no objective or quantitative measure of pain to determine severity. Ultram is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Ultram can be added to the medication regimen, but as the immediate-release oral formulation, not as the extended-release formulation. There was no mention of the failure of first-line analgesics. The most recent documentation and evaluation failed to comply and submit the aforementioned evidences. Thus, recommend non-certification of the prospective use of Ultram ER. Ultram ER 150mg #60 is not medically necessary.

**Voltaren XR 100mg #60:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Diclofenac.

**Decision rationale:** According to the Official Disability Guidelines, diclofenac is not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients, as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%. Voltaren XR 100mg #60 is not medically necessary.

**Prilosec 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (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 of the risk factors needed to recommend the proton pump inhibitor omeprazole. Prilosec 20mg #60 is not medically necessary.