

Case Number:	CM15-0091814		
Date Assigned:	06/11/2015	Date of Injury:	08/28/1997
Decision Date:	08/20/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/12/2015

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 08/28/1997. The accident was described as while working as a material handler she missed a step on the truck twisting her knee and with immediate knee pain. She continued working for about a year and unfortunately had another incident while pulling a hose and she felt immediate onset of pain like a pulled muscle on the left shoulder. Of note, she also was involved in a motor vehicle accident in 1990's with back injury. A recent therapy follow up visit dated 04/16/2015 reported subjective complaint of having left knee pain accompanied by tightness and swelling. She reports walking without difficulty. Objective findings showed after treatment the patient was with increased range of motion, increased flexibility and increased joint mobility along with increased fine motor skills and strength. She is status post left knee joint replacement. An orthopedic follow up on 03/31/2015 reported current medications are: Celebrex, Norco, Soma, Lyrica and Protonix. She is having subjective complaint of bilateral knee, arms, and elbows with pain. She has been treated with modified work duty, rest, oral medications, heat therapy, physical therapy session, exercise. She has had no stated relief from any heat therapy and only a bit of temporary relief from the physical therapy session. The patient has had the following: 07/24/2014 total revision of left knee; 2012 left knee replacement; 2008 right knee replacement; left shoulder arthroscopic surgery; 2 right shoulder arthroscopies; 1999 left knee arthroscopy and 2013 bariatric surgery. A primary treating office visit dated 03/17/2015 reported subjective complaint of persistent pain in the left lower leg, dyspepsia. The following diagnoses are applied: right knee degenerative joint

disease, status post total knee arthroplasty; left knee degenerative joint disease, and right hip degenerative joint disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-88, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that this 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 go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS). 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 350 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66 of 127.

Decision rationale: Regarding the request for 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. Within the documentation available for review, there is no identification of specific objective functional improvement as a result of the medication. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Soma is not medically necessary.

Protonix 40 mg Qty 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation URL (www.nlm.nih.gov).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs).

Decision rationale: Regarding the request for Protonix (pantoprazole), 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 indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. 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 Protonix is not medically necessary.

Movantik 25 mg Qty 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Initiating therapy - Prophylactic treatment of constipation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Movantik, California Pain Medical Treatment Guidelines support the prophylactic treatment on constipation for patients undergoing chronic opioid therapy. Within the documentation available for review, it is noted that the opioid was determined to be not medically necessary. Therefore, there is no indication for the ongoing use of this medication. In light of the above issues, the currently requested Movantik is not medically necessary.