

<b>Case Number:</b>	CM15-0092425		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	12/05/2013
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2015

### 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: 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 42 year old male who reported an industrial injury on 12/5/2013. His diagnoses, and/or impressions, are noted to include: left knee internal derangement with possible medial meniscus tear. No current imaging studies are noted. His treatments have included medication management, rest from work, and the requests for surgery and a qualified medical examination with report. The progress notes of 4/13/2015 noted complaints of severe left knee pain. The objective findings were noted to include an antalgic gait, restricted range-of-motion, quad atrophy and weakness. The physician's requests for treatments were noted to include Norco and Prilosec.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg 1 tablet every 6 hours #180,:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids criteria for use therapeutic trial, On-Going Management Page(s): 76-78 and 78-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The MTUS guidelines state that Norco is indicated for moderate to moderately severe pain. The medical records note that the injured worker is complaining of severe knee pain and surgical intervention has been requested. The request for Norco to address the current symptoms is supported. The current morphine equivalent dosage is low at 30 and there is no evidence of abuse or diversion. The long term use of opioids is not supported. However, Norco is supported at this time to address severe knee pain while awaiting surgical candidacy. The request for Norco 10/325mg 1 tablet every 6 hours #180 is medically necessary and appropriate.

**Prilosec 20mg 1 tablet bid #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular risk Page(s): 68-69.

**Decision rationale:** According to the MTUS guidelines, proton pump inhibitors may be indicated for the following cases: (1) age greater than 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 (e.g., NSAID + low-dose ASA). In this case, the medical records note that the injured worker is 42 years old and there is no evidence of gastrointestinal complaints. There is no evidence that the injured worker is at risk for developing gastrointestinal events to support the request for a proton pump inhibitor. Additionally, it should be noted that per guidelines long-term use of proton pump inhibitors leads to an increased risk of hip fractures. The request for Prilosec 20mg 1 tablet bid #60 is not medically necessary and appropriate.