

<b>Case Number:</b>	CM13-0012924		
<b>Date Assigned:</b>	09/18/2013	<b>Date of Injury:</b>	11/08/2006
<b>Decision Date:</b>	01/17/2014	<b>UR Denial Date:</b>	08/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 IMR application lists the injury date as 11/8/06 and shows a dispute with the 8/5/13 UR decision. The 8/5/13 UR decision is by [REDACTED] and was a blanket denial due to lack of information. [REDACTED] states they reviewed medical records from 8/19/2009 through 4/26/2013, but did not have a medical report accompanying the 6/13/13 request. According to the 5/24/13 internal medicine consultation report, the patient is a 38 YO, 5'3", 320 lbs, [REDACTED] for the [REDACTED] [REDACTED] that fell and twisted her right ankle on 11/8/2006. She returned to work in 2007 and on 9/5/08 was assigned to clean tennis court restrooms when she had an altercation with a homeless male. She was treated with psychotropic drugs. She eventually underwent right ankle surgery and subsequently noted burning epigastric pain with bloating. She was diagnosed with acid reflux. The more recent 7/16/13 PR2 by [REDACTED] states the patient has increasing bilateral foot pain. There was decreased sensation over the 3rd and 5th toes, Tinels was positive at the tarsal tunnel. Diagnosis was s/p right ankle sprain with ligament reconstruction; tarsal tunnel, bilateral heel spur, plantar fasciitis, anxiety and depression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications & Pain Outcomes and Endpoints Page(s): 22, 8-9.

**Decision rationale:** MTUS, page 8 states "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." There is no discussion of efficacy of the medications. There is no reporting of pain levels compared to baseline, no reporting of reduction of pain with medications, and no discussion of improved function or quality of life. MTUS, page 9, under pain outcomes and endpoints states, "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement." The reporting does not support functional improvement and does not support a satisfactory response. Continuing medications that are not producing a satisfactory response is not in accordance with MTUS guidelines.

**Omeprazole 20mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, Pain Outcomes and Endpoints Page(s): 68-69, 8-9.

**Decision rationale:** The patient is reported to have acid reflux, but she has been on omeprazole without any reported reduction of symptoms or improved function or quality of life. The reporting does not support functional improvement and does not support a satisfactory response. continuing medications that are not producing a satisfactory response is not in accordance with MTUS guidelines

**Tramadol 50mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use, Opioids, long-term assessment, Criteria for use of Opioid, Pain Outcomes a.

**Decision rationale:** MTUS, page 8 states "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." There is no discussion of efficacy of the medications. There is no reporting of pain levels compared to baseline, no reporting of reduction of pain with medications, and no discussion of improved function or quality of life. MTUS, page 9, under pain outcomes and endpoints states, "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement." The reporting does not support functional

improvement and does not support a satisfactory response. Continuing medications that are not producing a satisfactory response is not in accordance with MTUS guidelines.

**Carisprodol 350mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain, Pain Outcomes and Endpoints Page(s): 8-9.

**Decision rationale:** MTUS, page 8 states "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." There is no discussion of efficacy of the medications. There is no reporting of pain levels compared to baseline, no reporting of reduction of pain with medications, and no discussion of improved function or quality of life. MTUS, page 9, under pain outcomes and endpoints states, "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement." The reporting does not support functional improvement and does not support a satisfactory response. Additionally, MTUS does not recommend use of Soma for over 3-weeks. Continuing medications that are not producing a satisfactory response is not in accordance with MTUS guidelines.