

<b>Case Number:</b>	CM13-0014037		
<b>Date Assigned:</b>	09/26/2013	<b>Date of Injury:</b>	09/11/2012
<b>Decision Date:</b>	01/24/2014	<b>UR Denial Date:</b>	07/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2013

### 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 Anesthesiology, has a subspecialty in Acupuncture and Pain Medicine 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:

This is a 41y/o male injured worker with date of injury 9/11/12 complaining of right foot and ankle pain. MRI of the right ankle done on 11/21/12 showed anterior talofibular ligament sprain/partial tear, medial talar dome osteochondral lesion with medial talar edema and with medial and lateral malleolar edema, mild achilles tendinosis, minimal peroneal and posterior tibial tenosynovitis, and anterior cuboid edema. MRI of the right foot done on 11/21/12 showed degenerative change, first metatarsal phalangeal joint, and junction of metatarsal head and sesamoids. The injured worker has been treated with medications including anti-inflammatories and short-acting opioids, physical therapy and a home exercise program including bands which have been very helpful. The date of UR decision was 7/23/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20 mg #30:** Overturned

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

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

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines recommend the use of proton pump inhibitors in conjunction with NSAIDs in situations in which the patient is at risk for gastrointestinal events including: (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 (e.g., NSAID + low-dose ASA). CPMTG guidelines further specify: Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g, ibuprofen, naproxen, etc.) Patients at intermediate risk for gastrointestinal events and no cardiovascular disease:(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 µg four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. Patients at high risk of gastrointestinal events with cardiovascular disease: If GI risk is high the suggestion is for a low-dose Cox-2 plus low dose Aspirin (for cardioprotection) and a PPI. If cardiovascular risk is greater than GI risk the suggestion is naproxen plus low-dose aspirin plus a PPI. (Laine, 2006) (Scholmerich, 2006) (Nielsen, 2006) (Chan, 2004) (Gold, 2007) (Laine, 2007)" Per physician's note dated 12/17/12, the injured worker has experienced GI complaints due to NSAIDs so severe that they caused him to discontinue naproxen. Because the injured worker is at risk for further GI events the MTUS recommends a PPI for prophylaxis in this clinical context.

**Hydrocodone/APAP 5/325 mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 78.

**Decision rationale:** CURES was completed 12/17/12 and was appropriate. However, per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors).The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveal a reduction in subjective pain rating and an absence of side effects from Hydrocodone/APAP 5/325. However, the notes do not appropriately review and document functional status improvement to indicate the necessity of the medication. The MTUS considers these criteria for continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. The request is not medically necessary.

**Ketoprofen 75 mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Section Page(s): 72.

**Decision rationale:** With regard to NSAIDs the MTUS CPMTG states "Specific recommendations: Osteoarthritis: Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors." Specific recommendations for Ketoprofen are as follows: "Osteoarthritis: Regular release capsule 50mg four times per day or 75mg three times per day (max 300mg/day). XR capsule 200mg once daily. Mild to moderate pain: Regular release capsule 50mg every 6 to 8 hours (Max 300mg/day)." This injured worker, however, does not have a diagnosis of osteoarthritis. Per primary physician's progress report dated 4/2/13, the injured worker's subjective pain rating was 6/10; on the following two progress reports dated 5/15/13 and 6/19/13 the injured worker reported pain at 4/10. Ultimately, on the evaluation dated 7/9/13 the injured worker achieved pain rating 0-1 out of 10 citing the adherence to a home exercise program as being very helpful. Since the injured worker is no longer in moderate to severe pain, the request is not medically necessary.