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| Case Number: | CM13-0033146 | | |
| Date Assigned: | 12/06/2013 | Date of Injury: | 06/13/2013 |
| Decision Date: | 03/20/2014 | UR Denial Date: | 10/01/2013 |
| Priority: | Standard | Application Received: | 10/09/2013 |

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 Occupational Medicine, and is licensed to practice in New York and North Carolina. 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 patient is a 44 year old woman with chronic right foot pain as the result of a work-related injury sustained on 6/13/13. She works as a caregiver, and was transferring a patient from bed to chair when they fell. Per doctors' reports, all her weight was on her right foot and toes; she had on sandals and her toes jammed on the floor. She had immediate pain and numbness in that foot. The primary treating physician report dated 9/3/13 states that she has a right foot contusion and strain. She has been treated with Naproxen and Polar Frost prior to requests for Tramadol, Diclofenac XR, and Omeprazole for management.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Diclofenac XR 100mg: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-70.

Decision rationale: Diclofenac XR is an NSAID. NSAIDs are indicated for pain management. Specially, the extended release version of Diclofenac can be used for chronic pain maintenance therapy. Less than 150mg per day is recommended. As such, the request is certified.

60 Omeprazole 20mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: An initial review of the patient's symptoms reflects no gastrointestinal (GI) complaints for which Omeprazole would be indicated. She has no history of GI disease such as gastritis or ulcer noted in the evaluation where Omeprazole is requested. There is no other information presented that shows this claimant to be prone to GI side effects from NSAIDs, nor is there evidence of pre-existing GI diseases. She is not over 65 years old, another criterion for GI protection. She does not have concurrent use of aspirin, steroids, or anticoagulant therapy. The claimant does not meet criteria for using Omeprazole. As such, the request is noncertified.

30 Tramadol ER 150mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-84, 93-94, 113.

Decision rationale: Tramadol is not a first-line choice of medication. So far, the patient has only tried one NSAID without complete relief; other first-line treatments should be attempted before taking narcotics. Although narcotics may be indicated for some types of chronic pain, the MTUS guidelines note they are rarely beneficial for mechanical pain. Tramadol is not indicated per guidelines reviewed. As such, the request is noncertified.