

<b>Case Number:</b>	CM13-0052022		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/02/2011
<b>Decision Date:</b>	03/21/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### 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 Pain Management and is licensed to practice in Florida. 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 50-year-old male who reported an injury on 05/02/2011. The mechanism of injury was not provided for review. The patient ultimately underwent left ankle arthrotomy, synovectomy, and debridement of the anterolateral ankle and modified Brostrom procedure to repair the ligaments of the left ankle. The patient reinjured his left ankle during the course of postsurgical physical therapy. The patient's chronic pain was managed with medications. The patient's most recent clinical evaluation revealed paravertebral muscle tenderness and limited range of motion of the lumbar spine and left ankle pain with decreased range of motion and spasming. The patient's diagnoses included a lumbar strain, left ankle internal derangement, and status post left ankle surgery. The patient's treatment recommendations included continuation of medications and evaluation for surgical intervention for the ankle, knee, and lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #30:** 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 Page(s): 68.

**Decision rationale:** The requested Omeprazole DR 20 mg #30 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the use of gastrointestinal protectants be used for patients who are at risk for the development of gastrointestinal symptoms related to chronic medication usage. The clinical documentation submitted for review does not provide an adequate assessment of the patient's gastrointestinal system to support that the patient is at risk for developing gastrointestinal symptoms related to medication usage. Therefore, the need for this medication is not indicated. As such, the requested Omeprazole DR 20 mg #30 is not medically necessary or appropriate.

**Medrox ointment:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** The requested Medrox ointment twice a day is not medically necessary or appropriate. The requested compounded medication contains methyl salicylate, menthol, and Capsaicin. The California Medical Treatment Utilization Schedule does recommend the use of methyl salicylate and menthol in the management of a patient's osteoarthritic pain. The clinical documentation submitted for review does not provide any evidence that the patient's pain is related to osteoarthritis. Additionally, this formulation contains Capsaicin. The California Medical Treatment Utilization Schedule does not recommend the use of Capsaicin as a topical agent unless the patient has failed to respond to other first line treatments. The clinical documentation submitted for review does not provide any evidence that the patient has failed to respond to a course of antidepressants or anticonvulsants to support of the use of Capsaicin as a topical agent. The California Medical Treatment Utilization Schedule states that any medication that contains at least 1 drug or drug class that is not supported by guideline recommendations is not recommended. Therefore, the use of Medrox ointment twice a day is not medically necessary or appropriate.

**Docusate sodium 100mg #100:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating Therapy Page(s): 77.

**Decision rationale:** The requested docusate sodium 100 mg by mouth 3 times a day #100 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does recommend the prophylactic treatment of constipation for patients with chronic opioid usage. The clinical documentation submitted for review does indicate that the patient has been on opioids for an extended period of time; however, an adequate assessment of the patient's gastrointestinal system was not provided to determine the efficacy of this treatment.

Additionally, the clinical documentation submitted for review does not address side effects related to medication usage. The California Medical Treatment Utilization Schedule recommends that medications used in the management of a patient's chronic pain be supported by functional benefit and evidence of symptom response. As the clinical documentation does not address the efficacy of this medication, continued use would not be supported. As such, the requested docusate sodium 100 mg by mouth twice a day is not medically necessary and appropriate.

**Norco 10/325mg #120:** Upheld

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

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

**Decision rationale:** The requested Norco is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the continued use of opioids in the management of chronic pain be supported by documentation of functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the patient is monitored for aberrant behavior. The clinical documentation submitted for review does not provide an adequate assessment of the patient's pain relief or any documented functional benefit. Additionally, there is no documentation that the patient is monitored for aberrant behavior. Therefore, continued use would not be supported. As such, the requested Norco/APAP 10/325 mg 2 tablets twice a day #120 is not medically necessary or appropriate.