

<b>Case Number:</b>	CM13-0065516		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	06/21/2012
<b>Decision Date:</b>	05/16/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/13/2013

### 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. The expert reviewer is Board Certified in Anesthesiology and Pain Medicine 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 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/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 injured worker is a 34-year-old female who reported an injury on 06/21/2012. The mechanism of injury was that the injured worker was mopping the floor in the produce aisle and slipped on a peach pit. The diagnosis was left ankle internal derangement. The injured worker's medication history included ketoprofen, omeprazole, Medrox and Norco as of 02/2013. The documentation of 11/05/2013 revealed that the injured worker had the 1st MTP that was tender to palpation on the left foot. The injured worker had effusion around the MTP. The left ankle TFL was tender to palpation. Additionally, it was indicated that the injured worker had pain in the left foot with numbness and tingling. The treatment plan included gel inserts and medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HYDROCODONE (NORCO) 5/325 MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 82-88.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications For Chronic Pain and the Ongoing Management Section Page(s): 60,78.

**Decision rationale:** The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain and evidence that the injured worker is being monitored for aberrant drug behaviors and side effects. The clinical documentation submitted for review indicated that the injured worker had been utilizing the medication for greater than 6 months. There was a lack of documentation of the above criteria. Given the above, the request for hydrocodone (Norco) 5/325 mg #60 is not medically necessary.

**MEDROX OINTMENT:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate Section, the Topical Analgesic Section and the Topical Capsaicin Section Page.

**Decision rationale:** The California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed....Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended....Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments....There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Additionally it indicates that Topical Salicylates are approved for chronic pain. According to the Medrox package insert, Medrox is a topical analgesic containing Menthol 5.00% and 0.0375% Capsaicin and it is indicated for the "temporary relief of minor aches and muscle pains associated with arthritis, simple backache, strains, muscle soreness, and stiffness." The duration of use could not be established through the submitted documentation. The clinical documentation submitted for review failed to provide documentation of the trial and failure of antidepressants and anticonvulsants. There was a lack of documentation indicating that the injured worker had not responded to or was intolerant to other treatments. There was a lack of documentation of exceptional factors to warrant nonadherence to the guideline recommendations. The request as submitted failed to indicate the quantity, strength and frequency for the medication. Given the above, the request for Medrox ointment is not medically necessary.

**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 NSAID Section Page(s): 69.

**Decision rationale:** The California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review

indicated that the injured worker had been utilizing the medication for greater than 6 months. There was a lack of documented efficacy. The request as submitted failed to indicate the frequency for the medication. Given the above, the request for omeprazole 20 mg #30 is not medically necessary.