

Case Number:	CM13-0068795		
Date Assigned:	01/03/2014	Date of Injury:	08/15/2012
Decision Date:	07/28/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/20/2013

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 Physical Medicine and Rehabilitation 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 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 underlying date of injury in this case is 08/15/2012. This patient's diagnoses include closed metatarsal fracture, metatarsalgia, and chronic foot pain. On 09/23/2013, the patient was seen in treating physician followup. The patient reported continuing pain in the back at 1/10 and also in the foot but exacerbated with any prolonged walking or standing. The patient's medications were stable, although the patient experienced inadequate improvement with meloxicam and wished to try other medications. The patient was too drowsy with trazodone and asked for other treatment options for sleep. On exam the patient had an antalgic gait on the left side and was diffusely tender about the left ankle with some pain on pistoning anteriorly more than posteriorly. The patient was noted to have ongoing pain with a history of a closed metatarsal fracture. The patient's clinical picture was noted to be complicated with possible focal problems in the toe joints and the possibility of radiculopathy or peripheral nerve irritation causing more distal symptoms in the foot and ankle. On review of systems, no new symptoms or medical problems were noted. Treatment recommended included continuing Dendracin Cream, continuing meloxicam, refilling omeprazole as needed for heartburn from pain medication, continuing trazodone, continuing clonidine, starting diclofenac, starting Zolpidem, and starting hydrocodone as needed for pain control. An initial physician review recommended non-certification of diclofenac, hydrocodone, and omeprazole; this review stated that the prior analgesic response to diclofenac and Norco were not stated to allow continuation of these medications, and this review noted that Prilosec may be indicated for a patient on nonsteroidal anti-inflammatories and opioids, but the other concurrently requested Norco and ibuprofen were not substantiated, and thus the medical necessity of this request could not be validated.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 TABLETS OF DICLOFENAC SODIUM EXTENDED RELEASE 100MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Page(s): 22.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on anti-inflammatory medications, page 22, state that anti-inflammatories are the traditional first line of treatment to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The medical records indicate a plan as of 09/23/2013 to treat the patient with diclofenac in place of meloxicam. The current request is a prospective request beginning 11/22/2013. The medical records do not discuss the effectiveness of past diclofenac use. Therefore there is insufficient information to support an indication for this medication. This request is not medically necessary.

60 TABLETS OF HYDROCODONE (NORCO) 2.5/325MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 76.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on opioids/ongoing management, state that the lowest possible dose should be prescribed to improve pain and function. The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on opioids/ongoing management, recommends ongoing review and documentation of the four A's of opioid management. The medical records indicate that hydrocodone was initially prescribed on 09/23/2013. The medical records do not document results of prior opioid use consistent with these four A's of opioid management to support an indication for continued opioid use for the prospective period of time beginning 11/22/2013. This request is not supported by the medical record. This request is not medically necessary.

30 TABLETS OF OMEPRAZOLE (PRILOSEC) 20MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications and Gastrointestinal Symptoms Page(s): 68.

Decision rationale: The Chronic Pain Medical Treatment Guidelines, section on anti-inflammatory medications and gastrointestinal symptoms, page 68, state that the clinician should determine if the patient is at risk for gastrointestinal events. The medical records in this case do not discuss specific risk factors for gastrointestinal events. At this time there is insufficient information to support an indication for omeprazole as requested. The medical records do discuss an indication for omeprazole on an as-needed basis for heartburn, but there is no further discussion to clarify the effectiveness of this medication or what these symptoms of heartburn may entail or for what duration this treatment may be proposed or how the etiology of the symptoms may have been determined. This request is not medically necessary.