MAXIMUS Federal Services

| Case Number: | CM14-0001310 | | |
|---|---|---|---|
| Date Assigned: | 01/22/2014 | Date of Injury: | 01/19/2009 |
| Decision Date: | 06/12/2014 | UR Denial Date: | 12/23/2013 |
| Priority: | Standard | Application Received: | 01/03/2014 |

## 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, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 54 year old male who reported an injury on 01/19/2009 secondary to unknown mechanism of injury. Evaluation dated 12/17/2013, report left foot pain. The exam noted the claimant was currently prescribed Percocet with significant pain relief in addition to functional improvements and had no evidence of developing medication dependency. There was also significant pain relief and increased function with the use of Neurontin. The exam also noted a decrease in heartburn with the use of Prilosec for gastrointestinal irritation and reflux. The physical exam noted restricted movement to the left ankle with plantarflexion at 20 degrees, dorsiflexion at 10 degrees, eversion at 10 degrees and inversion at 10 degrees. The diagnoses included tenosynovitis of the foot and ankle, abnormality of gait and gait instability. The treatment plan included continued medication therapy. The request for authorization was not found in the documentation provided.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**OMEPRAZOLE DR 20MG #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDS, 68.

**Decision rationale:** The California MTUS Guidelines recommend the use of proton pump inhibitors when the injured worker is at intermediate risk for gastrointestinal events and on NSAIDs. In this case, The claimant is not on NSAIDs; however, there is evidence in the documentation provided of a risk for gastrointestinal events. The claimant has gastrointestinal irritation and reflux with a decrease in heartburn with the use of Prilosec. Therefore, the request for Omperazole DR 20 mg # 30 is not medically necessary and appropriate. .

**GABAPENTIN 600MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs, Page(s): 16-22.

**Decision rationale:** The California MTUS Guidelines state that Gabapentin has been documented to be effective in treatment of neuropatic pain. There is a significant lack of evidence of an objective assessment of the claimant's pain level and the efficacy of the medication. Therefore, the request for Gabapentin 600 mg # 90 is not medically necessary and appropriate.

**CYCLOBENZAPRINE HCL #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41,64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** The California MTUS Guidelines recommend the use of muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The documentation provided indicates claimant has been prescribed muscle relaxants since at least 08/12/2013. This time frame exceeds the timeframe to be considered short-term. Furthermore, the request lacks the dosage amount. Therefore, the request for Cyclobenzaprin HCL # 60 is not medically necessary and appropriate.

**PERCOCET 10-325MG #180 Q4-6 HRS PRN PAIN:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

**Decision rationale:** The California MTUS Guidelines recommend the use of opioids for the ongoing management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of significant evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug use behavior and side effects. Therefore, the request for Percocet 10-325 mg # 180 Q4-6 HRS PRN, for pain is not medically necessary and appropriate.

**PROVIGIL 100MG #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Modafinil.

**Decision rationale:** The Official Disability Guidelines do not recommend Provigil solely to counteract sedation effects of narcotics until after first considering reducing excessive narcotic prescribing. There is a significant lack of clinical evidence for the intended use of the medication. There is also a significant lack of clinical evidence of the efficacy of the medication. Therefore, the request for Provigil 100mg # 30 is not medically necessary and appropriate.

**PROMETHAZINE 25MG #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Promethazine.

**Decision rationale:** The Official Disability Guidelines do not recommend Promethazine for nausea and vomiting secondary to chronic opioid use. In this case, there is a significant lack of clinical evidence for the intended use of the medication. There is also a significant lack of clinical evidence of the efficacy of the medication. Therefore, the request for Promethazine 25 mg # 30 is not medically necessary and appropriate.