

Case Number:	CM14-0003561		
Date Assigned:	02/05/2014	Date of Injury:	06/14/2005
Decision Date:	06/20/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	01/10/2014

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 and is licensed to practice in Illinois. 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 46 year old male who reported an injury on 06/14/2005, due to twisting his ankle. The clinical note dated 08/21/2013 presented the injured worker with right knee pain, lower back pain, and burning sensation with numbness in the thighs. The injured worker's physical exam revealed that the injured worker was using a cane to ambulate and was diagnosed with longus tendinitis of the right foot, and a dorsal bunion to the right foot. The provider recommended Ibuprofen 800MG #100, Omeprazole 20 MG #60, and Tramadol 50MG #200. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

IBUPROFEN 800 MG QTY: 100.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-selective NSAID's, Page(s): 71-72.

Decision rationale: The request for Ibuprofen 800MG #100 is not medically necessary. The California MTUS recommend Ibuprofen in higher doses (400-800 mg PO 3-4 times a day) for rheumatoid arthritis and for mild pain to moderate pain a lower dose is recommended (400 mg

PO every 4-6 hours as needed). The medical documents lack evidence of a complete and accurate pain scale, and evidence of increased function and decreased pain with the use of the medication. Therefore, the request is not medically necessary.

OMEPRAZOLE 20 MG QTY: 60.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The request for Omeprazole 20MG #60 is not medically necessary. The California MTUS guidelines recommend proton pump inhibitors for injured workers at risk for gastrointestinal events. The guidelines recommend that clinicians utilize the following criteria to determine if the injured worker is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID's. The medical documentation did not indicate the injured worker had gastrointestinal symptoms. It did not appear the injured worker had a history of peptic ulcer, GI bleed, or perforation; it did not appear the injured worker is at risk for gastrointestinal events. Therefore, the request is not medically necessary.

TRAMADOL 50MG QTY: 200.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, pain treatment agreement.

Decision rationale: The request for Tramadol 50MG #200 is not medically necessary. The California MTUS guidelines recommend providing ongoing education on both the benefits and limitations of opioid treatment. The guidelines recommend the lowest possible dose should be prescribed to improve pain and function. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The documentation lacks evidence of increased function and decreased pain with the medication. There was a lack of an adequate and complete pain assessment within the documentation. As such, the request is not medically necessary.