MAXIMUS Federal Services

Case Number:	CM14-0006493		
Date Assigned:	01/24/2014	Date of Injury:	07/20/2010
Decision Date:	06/11/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/16/2014

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 Family Practice and is licensed to practice in California, Tennesse and Virginia. 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 55 year old male who sustained an injury on 07/20/10 when a rock fell crushing his right foot. The injured worker required a right Lisfranc amputation which was completed in September of 2010 followed by multiple debridement procedures. Further treatment included multiple medications including antidepressants, anti-inflammatories, anticonvulsants, muscle relaxers, analgesics, and omeprazole. The injured worker described right foot swelling and severe pain. There was a diagnosis for possible RSD. Sympathetic injections were recommended in November of 2013. The clinical record from 11/19/13 noted active medications as naproxen 500mg twice daily, omeprazole 20mg utilized once daily, and vicodin 5/500mg three times daily for pain. On physical examination there was a noted Lisfranc amputation of the metatarsal base of the right foot. There was superficial allodynia swelling and pain to light touch. No erythematous changes were identified. There was mild tenderness to palpation at the right ankle. Sensory loss was noted in L4 and S1 distributions. The injured worker was unable to obtain approval for sympathetic injections. Medications were continued at this visit as well as Inderal 20mg twice daily which was added. Follow up on 12/27/13 noted no changes in symptoms. Physical examination findings were also unchanged. At this evaluation Butrans 5mcg/hour patches were added and vicodin and Inderal were continued. Follow up on 01/24/14 stated the injured worker continued to have right foot pain however this had improved with pain scores at 3-4/10. The injured worker felt that his symptoms were well controlled with Butrans and vicodin. There was an ulcer in the right sole that had become progressively larger on physical examination. Physical examination findings continued to show allodynia and swelling with significant pain to light touch at the Lisfranc amputation site. Loss of sensation continued in L4 through S1 distribution in the right foot. The injured worker was recommended for further evaluation for CRPS. Medications including Butrans, Inderal, and vicodin were continued.

Medications including omeprazole 20mg quantity 30 with three refills and naproxen 500mg quantity 60 with three refills were denied by utilization review on 12/17/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 20MG #30 WITH 3 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Opioids Page(s): 68,74-97.

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

Decision rationale: In regards to omeprazole 20mg quantity 30 with three refills, the clinical documentation submitted for review did not indicate any substantial gastrointestinal side effects with the current oral medication regimen. Otherwise there was no objective finding supporting a diagnosis of gastroesophageal reflux disease. The most recent clinical records for this injured worker also did not list omeprazole as an active medication. Given the lack of any indication for the use of a proton pump inhibitor, the request for Omeprazole 20mg is not medically necessary.

NAPROXEN 500MG #60 WITH 3 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Opioids Page(s): 68,74-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: In regards to naproxen 500mg quantity 60 with three refills, the use of the long term use of anti-inflammatories was not recommended by the clinical literature. There was no evidence supporting that anti-inflammatories in the long term were any more beneficial than standard over the counter medications. The clinical documentation submitted for review did not list naproxen as an active medication. The injured worker was utilizing Inderal as of the last clinical note. Without any other indications supporting ongoing use of anti-inflammatories, and as long term use of anti-inflammatories was not recommended by guidelines, the request for Naproxen 500mg is not medically necessary.