

Case Number:	CM14-0006518		
Date Assigned:	02/07/2014	Date of Injury:	03/07/2008
Decision Date:	08/04/2014	UR Denial Date:	12/26/2013
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 Occupational Medicine and is licensed to practice 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 patient is a 43-year-old male who has submitted a claim for right lower extremity complex regional pain syndrome, compensatory low back pain with disc injury, right shoulder impingement secondary to gait assistive devices, and chronic pain syndrome associated with an industrial injury date of 12/26/2013. Medical records from 03/12/2013 to 11/05/2013 were reviewed and showed that he complained of persistent low back and right knee pain. Physical examination showed that the patient had an antalgic gait and was cane-assisted with right knee stiffness. Atrophy in the thigh and leg was noted. The right ankle was warm with joint effusion. Range of motion of the right knee and ankle was limited. Hyperalgesia was noted in the leg, accompanied by diffuse weakness and sensory loss around the anterior knee. Treatment to date has included physical therapy, Vicodin, Opana, Zoloft, Xanax, Zolpidem, Aciphex, Docusate, Gaviscon, ProctoFoam, right knee arthroscopic chondroplasty/meniscectomy (June 2009), and intermedullary rodding with proximal, distal interlocking screws, right tibia (March 2008). Utilization review, dated 12/26/2013, modified the request for Opana ER 10mg #60 to Opana ER 10mg #48, modified the request for Gaviscon liquid to Gaviscon liquid #3 bottles, and certified the request for Aciphex 20mg #30. Reasons for request modification and certification were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

OPANA ER 10MG #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: Chronic Pain Medical Treatment Guidelines state there are 4 A's for ongoing monitoring of opioid use: analgesia, activities of daily living, adverse side effects, and aberrant drug- taking behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient has been prescribed Opana (oxymorphone) since April 2013. The medical records show continued analgesia. No adverse side effects have been reported. In addition, urine drug screens likewise have been consistent with prescribed medication and show no evidence of aberrant drug intake. Therefore, the request is medically necessary.

GAVISCON LIQUID: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Food and Drug Administration, Gaviscon (<http://www.fda.gov/drugs/developmentapprovalprocess/ucm079068.htm>).

Decision rationale: FDA Guidelines state that Gaviscon's activity in treating reflux acidity is made possible by the physical-chemical properties of the inactive ingredients, sodium bicarbonate and alginic acid. In this case, the patient has been on Gaviscon since 2012. There have been no recent complaints of GERD symptoms (i.e., abdominal pain, burning chest pain). In addition, the present request as submitted failed to specify the quantity to be dispensed. Therefore, the request is not medically necessary.