MAXIMUS Federal Services

Case Number:	CM14-0125881		
Date Assigned:	08/13/2014	Date of Injury:	11/04/2013
Decision Date:	12/10/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/08/2014

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 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 11/04/2013. The date of the utilization review under appeal is 07/22/2014. On 06/06/2014, the patient was seen in primary treating physician follow-up. The patient complained of constant pain in both feet aggravated by ascending or descending stairs or lifting or bending. On exam the patient had tenderness over the plantar region and pain with dorsiflexion. There was no evidence of instability. The treating physician diagnosed the patient with nonspecific ankle joint derangement and recommended the patient remain off work. A separate primary treating physician request for authorization of 07/07/2014 recommends Diclofenac for inflammation and pain, Ondansetron for nausea associated with headaches present with chronic cervical spine pain, Omeprazole for "GI symptoms," and Tramadol for acute severe pain. An initial physician review recommended non certification of diclofenac because this is not recommended on the Official Disability Guidelines formulary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium ER (Voltaren SR) 100 mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on anti-inflammatory medications, state anti-inflammatory medications are the traditional first line of treatment to reduce pain so activity and functional restoration can resume. A prior physician review recommended non-certification of Diclofenac based upon a formulary listing in the Official Disability Guidelines recommending specific anti-inflammatory medications; this formulary is not part of or applicable to the California Medical Treatment Utilization Schedule. The records and treatment guidelines do support the use of Diclofenac. This request is medically necessary.

Omeprazole 20 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The Medical Treatment Utilization Schedule 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 such an indication or rationale as to what sort of gastrointestinal events or risk factors are to be addressed. The office notes are nonspecific and simply refer to gastrointestinal symptoms without further clarification. Overall the records and guidelines do not appropriate an indication for Omeprazole. This request is not medically necessary.

Ondansetron 8 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: This medication is not discussed in the Medical Treatment Utilization Schedule. The Official Disability Guidelines/Treatment in Workers Compensation/Pain, state that this medication is not recommended for nausea and vomiting due to chronic opioid use. FDA-approved labeling information states that this medication is indicated for nausea due to cancer chemotherapy or immediate postoperative nausea. None of these indications apply in this case. The treating physician discusses Ondansetron used for nausea related to neck pain; however, it is unclear whether this patient had neck pain, and it unclear why Ondansetron would be chosen in that situation. Overall, the medical records and guidelines do not support an indication for Ondansetron. This request is not medically necessary.

Tramadol ER 150 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on opioids/ongoing management, page 78, discuss the four A's of opioid management. The medical records in this case do not clearly discuss indications, functional goals, or functional benefit to support a rationale for tramadol. This request for tramadol is not medically necessary.