

Case Number:	CM14-0138064		
Date Assigned:	09/05/2014	Date of Injury:	04/08/2006
Decision Date:	09/30/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/26/2014

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 Emergency Medicine 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 injured worker is a 43 year-old female, who sustained an injury on April 8, 2006. The mechanism of injury occurred when she was hit by a car mirror and knocked to the ground. Diagnostics have included: MRI, EMG. Treatments have included: medications, physical therapy acupuncture, psych treatment, foot injections, orthotics, and gym membership. The current diagnoses are: chronic pain syndrome, right foot contusion, gait abnormality, plantar fasciitis, GI upset, sleep disorder, depressive disorder. The stated purpose of the request for Arthrotec 50mg #60 was to provide pain relief. The request for Arthrotec 50mg #60 was denied on August 4, 2014, citing a lack of documentation of injured worker compliance with GI disorder work-up. The stated purpose of the request for Doxepin 10mg was to assist sleep. The request for Doxepin 10mg was denied on August 4, 2014, citing a lack of documentation of the evaluation of insomnia etiology and is not recommended for the treatment of insomnia. Per the report dated July 24, 2014, the treating physician noted complaints of constipation and bright red blood per stool, and pain to both feet. Also noted was a history of GI bleeding from Relafen. Exam findings included an antalgic gait from the left foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthrotec 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications and NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 22,68-69.

Decision rationale: California's Division of Worker's Compensation (MTUS), Chronic Pain Medical Treatment Guidelines, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient 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 (e.g., NSAID + low-dose ASA)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors." The injured worker has constipation and bright red blood per stool, and pain to both feet. The treating physician has documented an antalgic gait from the left foot, with a history of GI upset and bleed with GI work-up non-compliance. There is no documentation contraindicating a non-compounded non-steroidal anti-inflammatory and separate proton-pump inhibitor. The treating physician has not documented a current inflammatory condition or the medical necessity of continued NSAID use, especially with the history of GI bleed, regardless of concurrent prescribing of a proton pump inhibitor. The criteria noted above not having been met; therefore, the request for Arthrotec 50mg #60 is not medically necessary.

Doxepin 10mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-15.

Decision rationale: CA MTUS Chronic Pain Treatment Guidelines, Antidepressants for Chronic Pain, recommend tricyclic antidepressants as a first-line agent for the treatment of chronic pain, neuropathic pain and depression, "unless they are ineffective, poorly tolerated, or contraindicated" and are not guideline-supported for the treatment of insomnia. The injured worker has constipation and bright red blood per stool, and pain to both feet. The treating physician has documented an antalgic gait from the left foot, with a history of GI upset and bleed with GI work-up non-compliance. The treating physician has not documented sleep hygiene modifications, detailed description of current sleep disturbances, duration of treatment nor

objective evidence of derived functional benefit from its use. The criteria noted above not having been met; therefore, the request for Doxepin 10mg is not medically necessary.