

Case Number:	CM14-0156746		
Date Assigned:	09/26/2014	Date of Injury:	08/01/2011
Decision Date:	11/17/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/23/2014

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 Medicine and is licensed to practice in New Jersey. 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 worker is a 45 year old female who was injured on 8/1/2011 after a metal shelf fell onto her left foot. She was diagnosed with left foot contusion (normal x-rays). She was initially treated with pain medications, a cast shoe, and went on work restrictions. She did not want to do physical therapy at the time. MRI of the left foot showed a nondisplaced stress fracture through the distal third of the second metatarsal bone. She was diagnosed with chronic regional pain syndrome and treated with a bone stimulator, injections, and more medications, including opioids. She was later diagnosed with regional myofascial pain, chronic pain syndrome, a sleep disorder, and a mood disorder. She was treated with Lunesta for her sleep disorder. On 8/14/2014, the worker was seen by her treating physician for a follow-up complaining of continual left foot pain, rated at 8-9/10 on the pain scale which has caused her to be "bed bound". She reported using Lunesta, Norco, omeprazole, and Thermancare bandage/heatwrap. Physical findings included edematous left foot which was also cold to touch and had marked allodynia. She was recommended to continue her then current medications, and they discussed her using orthotics, and consideration for spinal cord stimulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg, #30 with refills 2: 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 Official Disability Guidelines (ODG), Pain section, insomnia section, AND Mental Illness section, sedative hypnotics

Decision rationale: The MTUS Guidelines do not address the use of sedative hypnotics. However, the ODG states that sedative hypnotics are not recommended for long term use, but may be considered in cases of insomnia for up to 6 weeks duration in the first two months of injury only in order to minimize the habit-forming potential and side effects that these medications produce. In the case of this worker, she was diagnosed with a sleeping disorder, presumably related to her chronic pain. However, Lunesta is not an appropriate choice to use chronically, as the worker had been using Lunesta. Therefore, the Lunesta is not medically necessary.

Norco 10/325mg, #30 with refills 2: Upheld

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): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, she had been using Norco leading up to this request for continuation. However, there was not sufficient documentation of her use of Norco and its benefit on her function and pain relief. Without this documented review to show benefit, the Norco is not medically necessary.

Omeprazole 20mg, #30 with refills 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk

for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. The worker in this case was not using any NSAIDs which might have increased her risk of a gastrointestinal event. Also, there was not any evidence found in the notes available for review suggesting this worker was at an increased risk for a gastrointestinal event regardless of her medication use. Therefore, using omeprazole is not medically necessary to continue.