

Case Number:	CM14-0177292		
Date Assigned:	10/30/2014	Date of Injury:	01/20/2004
Decision Date:	12/05/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/27/2014

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 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:

Injured worker is a 68 year-old male with date of injury 01/20/2004. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/16/2014, lists subjective complaints as pain in the bilateral feet and ankles. Objective findings: There was no tenderness over the medial or lateral malleolus, or peroneal tendons. There was no evidence of erythema, swelling, ecchymosis, or healed incision over the bilateral ankles. Range of motion was within normal limits. Motor and sensory examination was normal. Diagnosis: 1. plantar fasciitis, bilateral 2. tendon calcium deposits, bilateral, at the insertion of the Achilles tendons 3. Capsulitis, bilateral second metatarsophalangeal joints 4. hallux limitus/rigidus 5 osteoarthritis, foot/ankle, bilateral ankles and mid tarsus 6. diabetes mellitus noninsulin without neuropathy. The medical records supplied for review document that the injured worker has been taking the following medications for at least as far back as one year. Medications: 1. Tramadol HCL 50mg 2. Ketoprofen 75mg 3. Omeprazole 20mg No SIG was provided for the above medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 50mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that "continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life." Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There is no documentation of functional improvement supporting the continued long-term use of Tramadol. The request for Tramadol HCL 50mg is not medically necessary.

Ketoprofen 75mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

Decision rationale: The MTUS guidelines recommend NSAIDs be given to patients with osteoarthritis prescribed at the lowest dose for the shortest period in patients with moderate to severe pain. The injured worker does carry a diagnosis of osteoarthritis. I am reversing the previous utilization review decision. The request for Ketoprofen 75mg is medically necessary.

Omeprazole 20mg (dispensed 08/05/14): Overturned

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, prior to starting the injured worker on a proton pump inhibitor, physicians are asked to evaluate the injured worker and to determine if the injured worker is at risk for gastrointestinal events. Criteria used are: (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. The injured worker is 68 years old; consequently, there is documentation that the injured worker has at least one of the risk factors needed to recommend a proton pump inhibitor. I am reversing the previous utilization review decision. The request for Omeprazole 20mg (dispensed 08/05/14) is medically necessary.