

Case Number:	CM14-0179909		
Date Assigned:	11/04/2014	Date of Injury:	02/20/2009
Decision Date:	12/12/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/29/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 44-year-old male with a date of injury of 02/20/2009. The listed diagnoses per [REDACTED] are plantar bursitis, sinus tarsi syndrome, retro calcaneus bursitis and achilles tendinitis. According to progress report 09/17/2014, the patient presents with pain in the back of the heels (posterior heel and posterior plantar heel). There is an increase in pain with standing and walking. Objective findings noted Achilles reflex are 0/4 bilaterally and patellar reflexes are 1/4 bilaterally. Dermatological exam revealed decreased bilateral heel tone and cold temperature. The physician is requesting a refill of medications. Utilization review denied the request on 10/06/2014. Treatment reports from 05/05/2014 through 10/08/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88-89, 76-78.

Decision rationale: This patient presents with pain in the posterior heel and posterior plantar heel. The MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. Review of the medical file indicates the patient has been prescribed tramadol since at least 05/02/2014. In this case, the physician has provided urine drug screen to verify compliance but none of the reports discuss the efficacy of this medication. No before and after pain scales are provided showing analgesia; no specific ADLs are discussed, no change of work status is noted to show significant functional improvement. No side effects and other broad issues such as CURES, early refill/lost medications are discussed. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should now slowly be weaned as outlined in MTUS Guidelines. Recommendation is for denial.

Naprosyn 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 60-61, 22.

Decision rationale: This patient presents with pain in the posterior heel and posterior plantar heel. For anti-inflammatory medications, the MTUS Guidelines page 22 states, "Anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, the long-term use may not be warranted." Review of the medical file indicates the patient has been prescribed this medication since at least 05/21/2014. The physician has checked a statement that says, "This will help to decrease the patient's pain, allows the patient to be more functional, and complete activities of daily living." The physician has provided this generic statement throughout the medical file, but there is no discussion regarding decrease in pain or functional changes with taking Naproxen. MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. Given the lack of discussion regarding efficacy, continuation of this medication cannot be supported. Recommendation is for denial.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

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

Decision rationale: This patient presents with pain in the posterior heel and posterior plantar heel. The physician has checked the box that states "Omeprazole 20 mg #60 to help decrease stomach pain and allow the patient to be able to take anti-inflammatory medication and to be more functional and complete activities of daily living." The MTUS Guidelines page 68 and 69 states that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. Review of the medical file indicates the patient has been taking NSAID since at least 05/21/2014. The patient has been taking NSAID on a long term basis, but the physician does not document dyspepsia or GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by the guidelines without GI-risk assessment. Recommendation is for denial.