

Case Number:	CM14-0021965		
Date Assigned:	05/09/2014	Date of Injury:	08/11/2008
Decision Date:	07/10/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/21/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in Texas. 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 Physician 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 57 year old female who sustained an injury on 09/11/08 when she slipped and fell twisting her left ankle which required surgery in September of 2010. Medications included multiple anti-inflammatories, Norco and omeprazole. The injured worker was followed by [REDACTED] for chronic pain management. The injured worker had been receiving Orphenadrine ER 100mg, Norco 10/325mg, a topical Medrox ointment, Percocet 10/325mg, naproxen 550mg, Cidaflex, and omeprazole DR 20mg. The clinical record on 01/07/14 noted well healed arthroscopic portals of the left ankle. Minimal swelling of the left ankle and foot was noted. There was limited range of motion. There was a small mass at the right Achilles tendon. No findings of the left knee were identified. Medications were refilled at this visit. The requested omeprazole DR 20mg quantity 30 was denied by utilization review on 02/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE DR 20MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68-69.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, proton pump inhibitors.

Decision rationale: In regard to the use of omeprazole DR 20mg quantity 30, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current Official Disability Guidelines (ODG) recommendations. The clinical records provided for review did not discuss any side effects from oral medication usage including gastritis or acid reflux. There was no other documentation provided to support a diagnosis of gastroesophageal reflux disease. Given the lack of any clinical indication for the use of a proton pump inhibitor, this reviewer would not have recommended certification for the request and the request is therefore not medically necessary.

HYDROCODONE (NORCO) - APAP 10/325MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, Criteria for Use Page(s): 88-89.

Decision rationale: In regard to the use of Hydrocodone 10/325mg quantity 60, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The injured worker has been utilizing this medication over an extended period of time. According to the Official Disability Guidelines (ODG), the use of a short acting narcotic such as Norco can be considered an option in the treatment of moderate to severe musculoskeletal pain. The benefits obtained from short acting narcotics diminishes over time and guidelines recommend that there be ongoing indications of functional benefit and pain reduction to support continuing use of this medication. Overall, there is insufficient evidence in the clinical literature that long term use of narcotic medications results in any functional improvement. The clinical documentation provided for review did not identify any particular functional improvement obtained with the ongoing use of Norco. No specific pain improvement was attributed to the use of this medication. The clinical documentation also did not include any compliance measures such as toxicology testing or long term opiate risk assessments (COMM/SOAPP) to determine risk stratification for this injured worker. This would be indicated for Norco given the long-term use of this medication. As there is insufficient evidence to support the ongoing use of Norco, this reviewer would not have recommend the request as medially necessary.