

Case Number:	CM14-0022168		
Date Assigned:	05/09/2014	Date of Injury:	06/14/2005
Decision Date:	07/10/2014	UR Denial Date:	02/15/2014
Priority:	Standard	Application Received:	02/21/2014

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 Orthopaedic Surgery 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 records, presented for review, note that this 41-year-old individual was injured in June 2005. The mechanism of injury was a blunt force trauma onto the left foot. A peer review request for the medication Celebrex was non-certified and the request for Vicodin was modified in February 2014. A qualified medical evaluation (QME) summary report, dated April 2007, noted there was no permanent disability, the medical condition was stable and not likely to improve, that the work caused the compensable event and is no basis for any apportionment. The diagnosis was listed as a fracture of the left 2nd metatarsal and a suspicion of gout. The current complaints are ongoing left ankle pain, left foot pain and a tendinitis of the left ankle. The progress note, dated May 1, 2014, indicated in a year history of narcotic medications and developing intolerance. The physical examination noted a normal range of motion, a generalized tenderness over the Achilles tendon insertion and the anterior aspect of the ankle and plantar fascia. The neurological examination was noted to be intact.

IMR ISSUES, DECISIONS AND RATIONALES

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

CELEBREX 100MG, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SELECTIVE COX-2 NSAIDS; CELECOXIB (CELEBREX).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS
Page(s): 114-116.

Decision rationale: When noting the date of injury, the mechanism of injury and the actual injury sustained and by the current clinical examination offered as well as the notation of a chronic pain syndrome and that there is no objectified or demonstrated efficacy, utility or resolution of the symptomology with use this medication, one does not see the clinical indication for continuing. As outlined in the MTUS, anti-inflammatories can be used. However, given the 8-year history and ongoing complaints of pain, it is clear that there is no clinical indication to continue this medication based on this lack of efficacy.

VICODIN 5/300MG, #60 WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines HYDROCODONE (VICODIN, LORTAB).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids, Opioids (for chronic pain) Page(s): 80.

Decision rationale: The criterion outlined in the MTUS for the use of opioids and chronic pain established that there needs to be some efficacy to demonstrate functional improvement or return to work. There are chronic complaints of pain, a full range of motion and no neurological deficit. However, the pain levels are not outlined. There is no indication of an opioid agreement and the lack of urine drug screening to establish the medication is being employed appropriately is not noted. Therefore, while understanding that this than a year history of this medication given the current clinical data presented is insufficient information presented to support this request.