MAXIMUS Federal Services

Case Number:	CM14-0027793		
Date Assigned:	06/16/2014	Date of Injury:	05/16/2013
Decision Date:	07/17/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/03/2014

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 Arizona. 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 43 year old male with a date of injury on 5/16/2013. Diagnoses include L5-S1 bilateral radiculopathy, and multiple metatarsal fractures. Subjective complaints are of bilateral ankle pain and right sided sciatica. Physical exam shows right anterior knee tenderness, and edema and pain with motion, tenderness over ankle/feet with edema and decreased motion. There is decreased sensation in the right shin area. Medications include Ativan 1mg twice a day, Norco three times a day, Anaprox twice a day, Prilosec twice a day, and a one-time Toradol injection. Office notes document that patient has failed treatment measures of oral medications, activity modification, physical therapy, and prolonged rest.

IMR ISSUES, DECISIONS AND RATIONALES

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

ATIVAN 1MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES Page(s): 24.

Decision rationale: CA MTUS guidelines do not recommend anxiolytics as first line therapy for stress-related conditions as they can lead to dependence and do not alter stressors or the

individual's coping mechanisms. Benzodiazepines in particular are not recommended for long-term use because long-term efficacy is unproven. Most guidelines limit use to 4 weeks, due to dependence and tolerance that can occur within weeks. For this patient there is no documentation indicating rationale for medication and does not identify subjective or objective signs consistent for benzodiazepine therapy. Therefore, for all the above reasons, the medical necessity of Ativan is not established.

NORCO: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96.

Decision rationale: The patient in question has been on chronic opioid therapy. CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, while ongoing opioids may be needed, there is no documentation that supports any pain improvement with medications or increased functionality. Furthermore, no documentation is presence of MTUS opioid compliance guidelines, including risk assessment, attempt at weaning, updated urine drug screen, and ongoing efficacy of medication. For this patient, there is no demonstrated improvement in pain or function from long-term use. For these reasons, the medical necessity of Norco is not established.

PRILOSEC: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI Symptoms & Cardiovascular Risk Page(s): 68-69.

Decision rationale: According to CA MTUS guidelines, a proton pump inhibitor can be added to NSAID therapy if the patient is at an intermediate to high risk for adverse GI events. Guidelines identify the following as risk factors for GI events: age >65, history of peptic ulcer, GI bleeding or perforation, use of ASA, corticosteroids, anticoagulant use, or high dose NSAIDS. There is no documentation identified that would stratify this patient in an intermediate or high risk GI category. Submitted records to not identify any medical history of GI problems, or current problems related to the ongoing medication. Therefore, the requested prescription for Omeprazole is not medically necessary.

1 TORADOL IM INJECTION: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TORADOL. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Ketorolac.

Decision rationale: CA MTUS states that Toradol is not indicated for chronic pain. The ODG states that Toradol can be used for acute moderate to severe pain. For this patient, documentation does not identify an acute injury or acute exacerbation of pain that would facilitate the use of Toradol. Furthermore, the patient was already on daily NSAID therapy. Therefore, the medical necessity of Toradol is not established.