

Case Number:	CM14-0079446		
Date Assigned:	07/18/2014	Date of Injury:	08/12/2012
Decision Date:	09/03/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	05/29/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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

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 indicate that this 57 year-old individual was reportedly injured on August 12, 2012. The mechanism of injury is noted as a blunt force trauma to the foot. The most recent progress note, dated May 7, 2013 indicates that there are ongoing complaints of pain in the distal aspect of the left foot. The physical examination demonstrated well-developed, well-nourished individual in no acute distress was noted to be hypertensive (146/94). There is tenderness to palpation in the right lower extremity. The normal range of motion and motor examination is reported. Diagnostic imaging studies objectified ordinary disease of life degenerative changes in the lumbar spine. Previous treatment includes multiple medications, physical therapy, and chiropractic care. A request had been made for multiple medications and was not certified in the pre-authorization process on May 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78.

Decision rationale: When noting the date of injury, the mechanism of injury, the lack of any acute pathology annotation of the ordinary disease of life osteoarthritis report on plain films tempered by the parameters noted in the MTUS that this medication is limited for short-term management of moderate to severe breakthrough pain; there is little clinical information presented to support the ongoing utilization of this preparation. There is no increase in functional status, no relative decrease in pain complaints and the degenerative arthritis will continue to degenerate. The medical necessity for this preparation has not been established.

Naprosyn: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66, 73.

Decision rationale: The records indicate that there is an ordinary disease of life degenerative arthritis in the tarsometatarsal joint of the 2nd and 3rd race of the foot. This non-steroidal anti-inflammatory medication is indicated to treat this degenerative process. Therefore, from a clinical perspective alone, and addressing the sequelae of the event, there is a clinical indication for non-steroidal anti-inflammatory to address the symptoms of osteoarthritis. Therefore, this is clinically indicated and medically necessary.

Omeprazole: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain chapter.

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

Decision rationale: As outlined in the MTUS, this protein pump inhibitor is indicated for the treatment of gastroesophageal reflux disease or as a protectorate for intellectuals utilizing non-steroidal anti-inflammatory medications. It is noted that a non-steroidal medication is being utilized to treat the ordinary disease of life. However, the recent progress notes do not reflect that there are any complaints of gastrointestinal distress, evidence of gastroesophageal reflux disease or a clinical indication for the continued uses medication. As such, the medical necessity has not been established.