MAXIMUS Federal Services

Case Number:	CM14-0207194		
Date Assigned:	12/19/2014	Date of Injury:	07/15/2008
Decision Date:	02/09/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/10/2014

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 Practice 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:

42-year-old male claimant sustained a work injury on July 15, 2008 involving the left knee and foot. An MRI of the left knee was suggestive of a articular cartilage irregularity. He was also found to have a left meniscal tear and plantar fasciitis of the foot. A progress note on September 10, 2014 indicated claimant complained of chronic pain in the knee and foot. He had previously undergone surgery for his left foot with minimal improvement. He also received an operation for his left knee in 2013 with residual discomfort. Exam findings at this visit were notable for crepitus in the left knee as well as swelling. The claimant also had pain in the lower back with spasms. Claimant had been on Elavil and hydrocodone for pain. Naproxen was added for an inflammatory basis along with Omeprazole for reflux symptoms. The claimant has been on the above medications since at least July 2014 at which time his pain level was 7/10 and exam findings were similar.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: Hydrocodone /APAP are a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Hydrocodone /APAP for several months without significant improvement in pain or function. The continued use of Hydrocodone /APAP is not medically necessary.

Naproxen 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on Naproxen for several months. There was no indication of Tylenol failure. The pain was persistent despite its use and the claimant had reflux symptoms. Long-term NSAID use has renal and GI risks. Continued use of Naproxen is not medically necessary.

Amitriptyline 25mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants Page(s): 13.

Decision rationale: Amitriptyline (Elavil) is a tricyclic antidepressant. According to the MTUS guidelines, it is recommended for pain accompanied with fibromyalgia, insomnia, anxiety and depression. It is recommended for neuropathic pain. In this case, the claimant had been on Amitriptyline for several months; however, there is no indication as to the functional or pain response to the medication. The claimant did not have the above diagnoses. Continued use of Amitriptyline is therefore not medically necessary.

Omeprazole 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

Decision rationale: According to the MTUS guidelines, Omeprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Therefore, the continued use of Omeprazole is not medically necessary.