MAXIMUS Federal Services

Case Number:	CM15-0142139		
Date Assigned:	08/03/2015	Date of Injury:	12/02/2012
Decision Date:	09/28/2015	UR Denial Date:	07/03/2015
Priority:	Standard	Application Received:	07/22/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 59 year old female, who sustained an industrial injury on 12-2-12. She reported pain in left ankle and foot after dropping a pizza she was carrying on her leg. The injured worker was diagnosed as having ankle and foot pain. Treatment to date has included physical therapy, home exercise program, oral medications including Tylenol #3, Prilosec and Naprosyn; and activity modifications. Currently on 6-11-15, the injured worker complains of continued pain, rated "7" and on 5-7-15 she complained of increased pain with weight bearing and notes medications help the pain. She is not currently working. The treatment plan included continuation of home exercise program, continuation of medications and request for authorization for 8 sessions of acupuncture. A request for authorization was submitted for 8 sessions of acupuncture, Naprosyn #60, Prilosec #60 and Tylenol #3 #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The patient was injured on 12/02/12 and presents with ankle and foot pain. The request is for TYLENOL #3, #60. The RFA is dated 06/11/15 and the patient is not currently working. She has been taking this medication as early as 02/27/15 and treatment reports are provided from 02/20/15 to 06/11/15. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 under Criteria For Use of Opioids-Therapeutic Trial of Opioids, also requires documentation of the 4As -analgesia, ADLs, adverse side effects, and adverse behavior-, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. On 02/27/15, 03/27/15, and 06/11/15, she rated her pain as a 7/10. In this case, not all of the 4 As are addressed as required by MTUS Guidelines. There are no before and after medication pain scales provided. There are no examples of specific ADLs to demonstrate medication efficacy. There are no discussions provided on adverse behavior/side effects, no validated instruments are used, and no outcome measures provided as required by MTUS Guidelines. There are no pain management issues discussed such as CURES report, pain contract, et cetera. There are no urine drugs screens provided to see if the patient is compliant with her prescribed medications. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. The requested Norco IS NOT medically necessary.

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs) Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The patient was injured on 12/02/12 and presents with ankle and foot pain. The request is for PRILOSEC 20 MG #60. The RFA is dated 06/11/15 and the patient is not currently working. She has been taking this medication as early as 02/27/15. MTUS guidelines, NSAIDs, GI symptoms & cardiovascular risk section, page 68 states that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1. Age greater than 65. 2. History of peptic ulcer disease and GI bleeding or perforation. 3. Concurrent use of ASA or corticosteroid and/or anticoagulant. 4. High dose/multiple NSAID. MTUS continues to state, "NSAIDs, GI symptoms, and cardiovascular risks: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI." The patient is diagnosed with ankle and foot pain. As of 06/11/15, she is taking Naprosyn and Tylenol #3. In this case, the patient is not over 65, does not have a history of peptic ulcer disease and GI bleeding or perforation, does not have concurrent use of ASA or corticosteroid and/or anticoagulant, and does not have high-dose/multiple NSAID. The treater does not document dyspepsia or GI issues. Routine prophylactic use of PPI without documentation of

gastric issues is not supported by guidelines without GI risk assessment. Given the lack of rationale for its use, the requested Prilosec IS NOT medically necessary.

Naprosyn 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Page(s): 22.

Decision rationale: The patient was injured on 12/02/12 and presents with ankle and foot pain. The request is for NAPROSYN 550 MG #60. The RFA is dated 06/11/15 and the patient is not currently working. She has been taking this medication as early as 02/27/15. MTUS Guidelines, Anti-inflammatory, page 22 states, "Anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted." The patient's left foot and ankle has tenderness along the medial side. She is diagnosed with ankle and foot pain. Treatment to date has included physical therapy, home exercise program, oral medications including Tylenol #3, Prilosec and Naprosyn; and activity modifications. On 02/27/15, 03/27/15, and 06/11/15, she rated her pain as a 7/10. The treater does not specifically discuss efficacy of Naprosyn on any of the reports provided. MTUS Guidelines page 60 states that when medications are used for chronic pain, recording of pain and function needs to be provided. Due to lack of documentation, the requested Naprosyn IS NOT medically necessary.