

Case Number:	CM15-0182036		
Date Assigned:	09/23/2015	Date of Injury:	02/15/2010
Decision Date:	10/30/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/16/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 57 year old female, who sustained an industrial injury on 02-15-2010. The injured worker was diagnosed as having right ankle chronic sprain-strain, right ankle internal derangement and status post right ankle surgery. The injured worker was reported of experiencing right ankle pain. The pain was rated as 5 out of 10 without medication and 2 out of 10 with medication. Medication allowed the injured worker to walk more and exercise per documentation. Physical examination of right ankle revealed a healed posteromedial and inferior gastroc soleus incision. In addition, posterior tibialis tenderness was noted at medial and lateral ankle. The injured worker was retired. Treatments to date included medication and home exercise program. Current medication was listed as Norco, Flexeril and Prilosec, and has been prescribed same since at least 02-2014. The Utilization Review (UR) was dated 08-28-2015. A Request for Authorization was dated 08-19-2015, requested Norco 10-325mg #90, Flexeril 10mg #90 and Prilosec 20mg #60. The UR submitted for this medical review indicated that the request for Norco 10-325mg #90, Flexeril 10mg #90 and Prilosec 20mg #60 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, long-term assessment.

Decision rationale: The injured worker sustained a work related injury on 02-15-2010. The medical records provided indicate the diagnosis of right ankle chronic sprain-strain, right ankle internal derangement and status post right ankle surgery. Treatments have included medication and home exercise program. The medical records provided for review do not indicate a medical necessity for Norco 10/325mg #90. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. The MTUS does not recommend the long-term use of opioids in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior. The MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker has used this medication for at least one year, but without documented evidence of overall improvement; the injured worker is not being monitored for pain control, adverse effects, activities of daily living and aberrant behavior. The request is not medically necessary.

Flexeril 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The injured worker sustained a work related injury on 02-15-2010. The medical records provided indicate the diagnosis of right ankle chronic sprain-strain, right ankle internal derangement and status post right ankle surgery. Treatments have included medication and home exercise program. The medical records provided for review do not indicate a medical necessity for Flexeril 10mg #90. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic Low back pain. Cyclobenzaprine (Flexeril) is a muscle relaxant with a recommended dosing of 5 to 10 mg three times daily for not longer than 2-3 weeks. The medical records indicate the injured worker has been on this medication for at least one year. The request is not medically necessary.

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The injured worker sustained a work related injury on 02-15-2010. The medical records provided indicate the diagnosis of right ankle chronic sprain-strain, right ankle internal derangement and status post right ankle surgery. Treatments have included medication and home exercise program. The medical records provided for review do not indicate a medical necessity for Prilosec 20mg #60. Prilosec (Omeprazole) is a proton pump inhibitor. The MTUS recommends clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose Aspirin). Although the provider stated this medication was for reflux, the injured worker has not been diagnosed of gastroesophageal reflux disease, neither is the injured worker on treatment with NSAIDs. Furthermore, the records indicate the injured worker has been using this medication at least since 02/2014. The MTUS recommends the use of Proton pump inhibitors for longer than a year due to the risk of Hip fracture. The request is not medically necessary.