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| <b>Case Number:</b>   | CM15-0189688 |                              |            |
| <b>Date Assigned:</b> | 10/01/2015   | <b>Date of Injury:</b>       | 02/28/2014 |
| <b>Decision Date:</b> | 11/10/2015   | <b>UR Denial Date:</b>       | 08/27/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/25/2015 |

### 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: 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:

The injured worker is a 56 year old female who sustained an industrial injury on 02-28-2014. Current diagnoses include right index finger partial amputation, status post full-thickness skin graft to the right index finger, 1 cm mass at the medial aspect of the second digit at the amputation site, and status post revision surgery of the amputation site and excision of neuroma at the distal end of the right index finger on 06-04-2015. Report dated 08-03-2015 noted that the injured worker presented with complaints that included right index finger pain. It was noted that the pain in the finger has worsened since last visit. Pain level was 7 out of 10 on a visual analog scale (VAS). Physical examination performed on 08-03-2015 revealed evidence of a healed skin graft over the right distal index finger, limited range of motion, and hyperesthesia. Previous treatments included medications and surgical interventions. The treatment plan included obtaining reports from 07-01-2015 and 07-29-2015, schedule a follow up with another provider on 09-11-2015, written prescriptions for omeprazole, ibuprofen, hydrocodone, and return in 3 weeks for follow up. The utilization review dated 08-27-2015, non-certified the request for omeprazole, ibuprofen, and hydrocodone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Proton pump inhibitors (PPIs).

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

**Decision rationale:** The MTUS Guidelines recommend the use of a proton pump inhibitor (PPI) such as omeprazole in patients that are at intermediate risk or a gastrointestinal event when using NSAIDs. There is no indication that the injured worker has experienced or is at an increased risk of gastrointestinal events with the use of NSAIDs. Additionally, the associated request for ibuprofen is not supported, therefore the request for Omeprazole 20mg #60 is determined to not be medically necessary.

**Ibuprofen 600mg #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 (non-steroidal anti-inflammatory drugs).

**Decision rationale:** The use of NSAIDs is recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker has chronic injuries with an increase in pain levels over previous visit and while using ibuprofen. There is no evidence that the injured worker has attempted a trial with acetaminophen, therefore, the request for Ibuprofen 600mg #60 is determined to not be medically necessary.

**Hydrocodone 10/325mg #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): Opioids for chronic pain, Weaning of Medications.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and

physical exam. In this case, the injured worker's pain level has increased from the prior visit and while using this medication. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Hydrocodone 10/325mg #60 is determined to not be medically necessary.