

Case Number:	CM15-0192960		
Date Assigned:	10/07/2015	Date of Injury:	03/17/2010
Decision Date:	11/20/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/01/2015

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:

The injured worker is a 63 year old female who sustained an industrial injury on 3-17-10. The medical records indicate the injured worker has been treated for sprains-strains of the ankle; pain in joint of ankle and foot; history of right proximal foot metatarsal fracture; musculoligamentous strain, lumbosacral spine; gastroesophageal reflux disease. She currently (8-20-15) complains of continued lower back and foot pain. Medications for pain, control the pain and allow her to function. On physical exam, the right knee has joint line tenderness to palpation, there is a baker's cyst and medial collateral ligament was tender to palpation; right foot revealed tenderness to palpation of tensor fascia lata. Pain levels were not enumerated. Her activities of daily living were unchanged and included right foot ankle swelling and low back pain associated with certain activities such as lifting and bending per the 6-22-15 note and the 4-10-14 note. In the medical records dated 6-22-15 the 8-6-14 portion notes that the injured worker had nausea, epigastric burning, and heartburn when she started non-steroidal anti-inflammatories and improved when they were stopped. She currently (6-22-15) gets heartburn once per week for 2-3 hours and uses over the counter medication in addition to Prilosec. Treatments to date include medications: hydrocodone (since at least 1-10-12), Ketoprofen, omeprazole (since at least 7-19-11); physical therapy. The request for authorization dated 8-20-15 was for omeprazole 20mg DR #30 and hydrocodone 5-325mg #60. On 9-8-15 utilization Review non-certified the requests for omeprazole DR 20mg #30 with 2 refills; hydrocodone-apap 5-325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR 20mg #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications, NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, specific drug list & adverse effects.

Decision rationale: The injured worker sustained a work related injury on 3-17-10. The medical records indicate the injured has been diagnosed of sprains-strains of the ankle; pain in joint of ankle and foot; history of right proximal foot metatarsal fracture; musculoligamentous strain, lumbosacral spine; gastroesophageal reflux disease. Treatments have included Ketoprofen and Hydrocodone/Apap 5/325mg. The medical records provided for review do not indicate a medical necessity for Omeprazole DR 20mg #30 with 2 refills. Omeprazole is a proton pump inhibitor. The MTUS recommends the addition of proton pump inhibitors to the treatment of individuals at risk for gastrointestinal events if they are being treated with NSAIDs. The medical records indicate the injured worker suffers from Gastroesophageal reflux disease, which means the injured worker needs to be treated with Proton pump inhibitor while taking NSAIDs. Nevertheless, the medical records indicate the injured worker has been on Ketoprofen, an NSAID, since at least 10/2015, against the MTUS recommendation for short-term treatment, and without evidence of monitoring for blood count, liver and Kidney functions, as recommended by the MTUS; therefore, the requested treatment is not medically necessary.

Hydrocodone/Apap 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioid hyperalgesia, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids, long-term assessment.

Decision rationale: The injured worker sustained a work related injury on 3-17-10. The medical records indicate the injured has been diagnosed of sprains-strains of the ankle; pain in joint of ankle and foot; history of right proximal foot metatarsal fracture; musculoligamentous strain, lumbosacral spine; gastroesophageal reflux disease. Treatments have included Ketoprofen and Hydrocodone/Apap 5/325mg. The medical records provided for review do not indicate a medical necessity for Hydrocodone/Apap 5/325mg #60. 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. Additionally, the MTUS recommends monitoring pain and function with the use of numerical scale and comparing with baseline if opioid is used for longer than six months. 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 been using this medication at least since 10/2014 but with no overall improvement. Also, the medical records do not indicate the injured worker is properly

monitored for pain, adverse effects, activities of daily living, and aberrant behavior. The request is not medically necessary.