

Case Number:	CM15-0213929		
Date Assigned:	11/03/2015	Date of Injury:	08/23/2002
Decision Date:	12/22/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/30/2015

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, Hawaii

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 was a 61 year old female, who sustained an industrial injury, August 23, 2002. The injured worker was undergoing treatment for status post right ankle fracture 2003, right and left carpal tunnel release in 2008 and 2009, dorsal tibutalar syndrome of the left ankle and Achilles tendinosis of the left ankle. According to progress note of July 10, 2015 the injured worker's chief complaint was left foot pain. The pain was rated at 8 out of 10. The objective findings were tenderness with palpation of the left foot. The injured worker walked with an antalgic gait due to left foot pain. The injured worker previously received the following treatments left ankle MRI on October 13, 2012, Methocarbamol 500mg #120 since July 10, 2015, Omeprazole 20mg #120 since June 10, 2015 and Ibuprofen 800mg #120 since May 7, 2015. The RFA (request for authorization) dated the following treatments were requested prescriptions for Methocarbamol 500mg #120, Omeprazole 20mg #120 and Ibuprofen 800mg #120. The UR (utilization review board) denied certification on October 14, 2015; for prescriptions for Methocarbamol 500mg #120, Omeprazole 20mg #120 and Ibuprofen 800mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methocarbamol 500mg #120: Upheld

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

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

Decision rationale: The patient presents with left foot pain. The current request is for Methocarbamol 500mg #120. The treating physician states, in a report dated 09/10/15, "Methocarbamol 500mg #120." (15B) The MTUS guidelines state, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility." However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the medical records do not document muscle spasms or an acute exacerbation. MTUS guidelines recommend muscle relaxants for short-term use of acute exacerbations. The current request is not consistent with MTUS guidelines and is not medically necessary.

Omeprazole 20mg #120: 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): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The patient presents with left foot pain. The current request is for Omeprazole 20mg #120. The treating physician states, in a report dated 09/10/15, "Omeprazole 20mg #120." (15B) The MTUS guidelines state, "Omeprazole is recommended with precautions, "(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 ASA). Clinician should weigh indications for NSAIDs against GI and cardio vascular risk factors, determining if the patient is at risk for gastrointestinal events." In this case, there was no indication provided that the patient was at risk for gastrointestinal events nor was there any documentation of dyspepsia. The current request does not satisfy MTUS guidelines as outlined on pages 68-69. The current request is not medically necessary.

Ibuprofen 800mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The patient presents with left foot pain. The current request is for Ibuprofen 800mg #120. The treating physician states, in a report dated 09/10/15, "Ibuprofen 800mg #120." (15B) The MTUS guidelines state, "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." In this case, the treating physician, based on the records available for review, has failed to document any functional improvement from the use of this medication. The current request is not medically necessary.