

Case Number:	CM14-0130739		
Date Assigned:	09/16/2014	Date of Injury:	01/08/2014
Decision Date:	10/23/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/15/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 28-year-old male who was reportedly injured on January 8, 2014. The mechanism of injury is twisting his ankle and falling and having a wall fall on his back and shoulders. The most recent progress note dated April 8, 2014, indicates that there are ongoing complaints of low back pain with numbness and tingling along the bilateral lower extremities. Previous treatment includes an orthotic boot and therapy Current medications include ibuprofen. The physical examination demonstrated tenderness at the lateral aspect of the right ankle with an effusion. There was normal range of motion of the right ankle and slightly decreased motor strength rated at 4/5 with E version. There was a positive Tinel's sign at the common peroneal, superficial peroneal, D peroneal, posterior tibial, medial plantar, and lateral plantar nerves of the right leg. Diagnostic imaging studies of the right ankle reveals a strain of the peroneus brevis and longus as well as a mildly displaced chondral flap lesion of the lateral talar dome with underlying reactive change. There was also a tear of the anterior talofibular ligament and the calcaneal fibular ligament.. A request was made for tramadol 50 mg, Mobic 15 mg, and omeprazole and was not certified in the pre-authorization process on August 4, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg Qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82,113.

Decision rationale: The California MTUS guidelines support the use of tramadol (Ultram) for short-term use after there is been evidence of failure of a first-line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication. The most recent progress note that prescribes this medication dated April 8, 2014, fails to document any improvement in function or pain level with the previous use of tramadol. As such, the request for tramadol 50 mg is not considered medically necessary.

Mobic 15mg Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22-70,70.

Decision rationale: Meloxicam (Mobic) is a non-steroidal anti-inflammatory. The California MTUS Guidelines support NSAIDs for first-line treatment of moderate to severe pain associated with osteoarthritis, but advise caution due to gastrointestinal and cardiovascular risk. The guidelines caution against long-term use and recommend that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. Review of the available medical records, documents chronic ankle and back pain due to a work related injury sustained on January 8, 2014, but fails to document objective improvement in pain or function with this NSAID. As such, the request for Mobic 15 mg is not considered medically necessary.

Omeprazole Unspecified amount and Qty: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: Prilosec (Omeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. There is no indication in the record provided of a G.I. disorder. Additionally, the injured worker does not have a significant risk factor for potential G.I. complications as outlined by the MTUS. Therefore, this request for omeprazole is not medically necessary.