

<b>Case Number:</b>	CM14-0134211		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	03/18/2013
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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 Occupational 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 claimant was injured on 03/18/13. He tried to get on a truck, missed a step, and bent his left foot backwards. Hydrocodone/APAP/Ondansetron, omeprazole/flurbiprofen, and Keratek gel are under review. He has been diagnosed with tenosynovitis of the foot and ankle. He has tried medications, work restrictions, immobilization, and assistive devices for ambulation, durable medical equipment, decreased weight bearing, orthotics, ice, home exercises, PT, and an injection. A left foot MRI on 04/19/13 showed pre-Achilles tendinitis and on 10/28/13, he received an injection to the Achilles tendon with temporary benefit. On 04/02/14, he had ongoing pain. He had sharp pain that had not changed. Surgery was recommended. [REDACTED] recommended that he have the surgery following an AME on 02/26/14. This would include resection of the bursa. He had a negative past medical history. On 07/09/14, he was given multiple medications. He complained of intense pain in the left foot with constant swelling that had not decreased. His pain level was 6/10. He reported worsening pain and inability to wear shoes due to sharp pain. X-rays showed soft tissue swelling of the left calcaneus. Surgery was recommended to resect the calcaneal spur and debride the Achilles tendon. He was given multiple medications. He was advised to apply ice. He returned to modified work. On 09/05/14, he was evaluated by an orthopedic surgeon. He was status post repeat on 08/26/14 for bone spurs on the posterior calcaneus. His wounds were slightly dehisced. He was non weight bearing and received a new wound dressing. There is no mention of gastrointestinal complaints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**40 TABLETS OF HYDROCODONE/APAP/ONDANSETRON 10/300/2MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS FOR CHRONIC PAIN Page(s): 110. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: PDR, 2014 - ondansetron

**Decision rationale:** The MTUS outlines several components of initiating and continuing opioid treatment and states "a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." Generally, the MTUS do not support combination medications. In these records, there is no documentation of trials and subsequent failure of or intolerance to first-line drugs such as acetaminophen or nonsteroidal anti-inflammatory drugs. MTUS further explains, "pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." There is also no indication that periodic monitoring of the claimant's pattern of use and a response to this medication, including assessment of pain relief and functional benefit, has been or will be done. There is no evidence that he has been involved in an ongoing rehab program to help maintain any benefits he receives from treatment measures. Additionally, the 4A's "analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors" should be followed and documented per the guidelines. The claimant's history of trials of local modalities, including ice, and other first line medications, is unknown. There is no evidence that a signed pain agreement is on file at the provider's office and no evidence that a pain diary has been recommended and is being kept by the claimant and reviewed by the prescriber. The MTUS do not address the use of Ondansetron. The PDR states that Ondansetron is recommended for relief of nausea and vomiting that are associated for postoperative recovery and chemotherapy, neither of which has been documented. There is no evidence that the claimant suffers from nausea or vomiting which must be controlled pharmacologically. As such, the 40 Tablets of Hydrocodone/APAP/Ondansetron 10/300/2mg is not medically necessary.

**60 CAPSULES OF OMEPRAZOLE/FLURBIPROFEN 10/100MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS, AND CARDIOVASCULAR RISKS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSIADS, PROTON PUMP INHIBITORS Page(s): 102.

**Decision rationale:** The history and documentation do not objectively support the request for omeprazole/flurbiprofen 10/100 mg #60. The MTUS state "NSAIDs may be recommended for osteoarthritis of the knee and hip at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or

renovascular risk factors." Proton pump inhibitors are recommended for "patients at intermediate risk for gastrointestinal events and no cardiovascular disease :(1) a non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol or (2) a Cox-2 selective agent. The MTUS do not generally recommend combination medications. In this case, there is no documentation of GI conditions or increased risk to support the use of the medication omeprazole and no indication that other first line medications such as acetaminophen have been tried and failed to provide pain relief such that flurbiprofen is indicated. The medical necessity of this request for this combination medication omeprazole/flurbiprofen 10/100 mg is not medically necessary.

**1 KERATEK GEL 4 OZ:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 143.

**Decision rationale:** The history and documentation do not objectively support the request for Keratek gel. The MTUS state "topical agents may be recommended as an option [but are] largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004)." There is no evidence of failure of all other first line drugs. The claimant received other oral medications, also, and it is not clear what additional benefit is expected from the use of this topical medication. There is no evidence that local modalities such as ice and/or heat were tried and failed to provide relief. The medical necessity of this request for Keratek gel is not medically necessary.