

Case Number:	CM14-0142486		
Date Assigned:	09/10/2014	Date of Injury:	12/20/2013
Decision Date:	10/14/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/02/2014

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 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 57-year-old female who reported an injury due to a misstep while descending a ladder landing hard and incorrectly on her left foot on 12/20/2013. On 07/22/2014, her diagnoses included left foot pain following fifth metatarsal open reduction and internal fixation on 02/07/2014. On 07/22/2014, her complaints included sharp throbbing pain in the left foot with swelling and tingling. She had pain radiating into her left leg and low back. Her medications included Diclofenac XR 100 mg for its anti-inflammatory effect, Tramadol ER 150 mg for pain, and Omeprazole 20 mg to treat stomach upset. A Request for Authorization dated 07/22/2014 was included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac XR 100mg #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, Treatment for Workers Compensation,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: The request for Diclofenac XR 100 mg #60 is not medically necessary. The California MTUS Guidelines recommend NSAIDs at the lowest possible dose for the shortest period of time in patients with moderate to severe osteoarthritis pain. The Guidelines further state that there is inconsistent evidence for the use of these medications to treat long term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis. Diclofenac is approved for use with osteoarthritis and ankylosing spondylitis. There is no submitted documentation that this injured worker had either of these 2 diagnoses. Additionally, there was no frequency of administration included with the request. Therefore, the request for Diclofenac XR 100 mg #60 is not medically necessary.

Tramadol ER 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, weaning of medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The request for Tramadol ER 150 mg #60 is not medically necessary. The California MTUS Guidelines recommend ongoing review of opioid use including documentation of pain relief, functional status, appropriate medication use, and side effects. In most cases, analgesic treatment should begin with acetaminophen, aspirin, NSAIDs, antidepressants, and/or anticonvulsants. Long term use may result in immunological or endocrine problems. There was no documentation in the submitted chart regarding appropriate long term monitoring/evaluations including failed trials of aspirin, antidepressants or anticonvulsants, quantified efficacy, or drug screens. Additionally, there was no frequency specified in the request. Therefore, the request for Tramadol ER 150 mg #60 is not medically necessary.

Omeprazole 20mg #100: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers Compensation, Proton Pump Inhibitors (PPI's)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The request for Omeprazole 20 mg #100 is not medically necessary. The California MTUS Guidelines suggest that proton pump inhibitors, which include Omeprazole, may be recommended, but clinicians should weigh the indications for NSAIDs against GI risk factors. Those factors determining if a patient is at risk for gastrointestinal events include age greater than 65 years; history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID use. Omeprazole is used in the treatment of dyspepsia, peptic ulcer disease, gastroesophageal reflux disease, and laryngopharyngeal reflux. The injured worker did not have any of the above diagnoses, nor did she meet any of the qualifying criteria for risks for gastrointestinal events. Additionally, the

request did not specify a frequency of administration. Therefore, the request for Omeprazole 20 mg #100 is not medically necessary.