

Case Number:	CM14-0145142		
Date Assigned:	09/12/2014	Date of Injury:	03/07/2012
Decision Date:	10/16/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/08/2014

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 32-year-old male who reported an injury on 03/07/2012 due to an unspecified mechanism. Diagnoses were epigastric pain possibly consistent with gastroesophageal reflux, rule out peptic ulcer disease caused by NSAID medications, and history of work related injury. Physical examination on 05/27/2014 revealed complaints of severe gastroesophageal acid reflux and gastric pain particularly aggravated after eating. The injured worker reported he still had heartburn as well. The injured worker does have history of taking nonsteroidal anti-inflammatory agents such as ibuprofen. Medications were ibuprofen and Tylenol. Examination revealed of the abdomen, soft but mild/moderate tenderness over the upper part of the abdomen but there were no masses. Bowel sounds were present. Treatment plan was for an upper GI endoscopy. The rationale and request were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 500mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Page(s): 67.

Decision rationale: The decision for Naproxen 500mg #60 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines indicate that NSAIDs are recommended for short term symptomatic relief of low back pain. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. There should be documentation of objective functional improvement and objective decrease in pain. The efficacy of this medication was not reported. The request does not indicate a frequency for the medication. Therefore, this request is not medically necessary.

Tylenol with Codeine #3 300/30mg QTY: 60.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Opioid, Pure-Agonist, page 74, Ongoing Management, Page(s): 78, Codeine, page 92.

Decision rationale: The decision for Tylenol with Codeine #3 300/30mg QTY: 60.00 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines indicate that Tylenol with Codeine #3 should be used for moderate to severe pain and there should be documentation of the 4A's for ongoing monitoring including Analgesia, Activities of daily living, Adverse side effects, and Aberrant drug taking behavior. The efficacy of this medication was not reported. The 4A's for ongoing monitoring of this medication were not reported. The request does not indicate a frequency for the medication. Therefore, this request is not medically necessary.