

Case Number:	CM14-0218356		
Date Assigned:	01/08/2015	Date of Injury:	04/12/2013
Decision Date:	03/19/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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, Arizona

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 is a 48 year-old male, who reported injury on April 12, 2013, while performing regular work duties. The injured worker fell while climbing a pole and pulling cables to install a phone line. The injured worker fell 10 to 12 feet to the ground, injuring the right leg. The primary diagnosis is knee pain, fracture of the upper end of fibula, and gastritis. The injured worker has received treatment which included, radiological imaging, bracing, aquatic therapy, a gym membership, home exercise program, a cane, surgery, physical therapy, a transcutaneous electrical nerve stimulation unit and medications. The records indicate the injured worker had started using Omeprazole prior to May 24, 2013. On July 16, 2013, an evaluation indicates the injured worker to be only using one medication which is indicated to be Omeprazole. The records indicate the injured worker has been taking Hydrocodone/APAP 5/325 since at least January 31, 2014. The request for authorization is for Hydrocodone/APAP 5/325, 60 days, quantity #120; and Omeprazole delayed release 20 mg, 60 days, quantity #120. On 01/06/2015, the injured worker complained of worsening pain in the right knee and also that radiates to the left heel. Physical examination revealed decreased range of motion. There was positive effusion, suprapatellar and infrapatellar swelling. There was medial joint line tenderness. The treatment plan is for the injured worker to continue with medication therapy. A rationale and RFA 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:

Hydrocodone/APAP 5/325mg quantity 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): (s) 68-69, 78, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain; ongoing management; Opioids, dosing Page(s): 60; 78; 86.

Decision rationale: The request for hydrocodone/APAP 5/325mg quantity 120 is not medically necessary. The California MTUS Guidelines recommend opioids for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dose of all opiates should not exceed 120 mg oral morphine equivalents per day. It was indicated in the submitted documentation that the injured worker has been on hydrocodone/APAP since at least 01/31/2014. There were no UAs or drug screens submitted for review indicating that the injured worker was compliant with prescription medications. Additionally, there were no assessments showing that the injured worker had improvement in function, objective decrease in pain, nor were there assessments indicating what pain levels were before, during, and after medication administration. The request as submitted also did not specify a frequency of the medication. Given the above, the injured worker is not within the California MTUS Guidelines. As such, the request is not medically necessary.

Omeprazole delayed release 20mg quantity 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): (s) 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The request for omeprazole delayed release 20mg quantity 120 is not medically necessary. The California MTUS Guidelines recommend proton pump inhibitors for patients at risk for gastrointestinal events. Guidelines also recommend proton pump inhibitors to treat dyspepsia secondary to NSAID therapy. Proton pump inhibitors may be supported with patients who are taking NSAID medications who have cardiovascular disease or significant risk factors. It was indicated that the injured worker was taking hydrocodone. However, there was no indication of the injured worker having any complaints of dyspepsia with the use of medication, cardiovascular disease, or significant risk factors for GI events. In the absence of this documentation, the request is not supported by the evidence based guidelines. Additionally, the request as submitted did not specify a frequency of the medication. Given the above, the request is not medically necessary.

