

Case Number:	CM15-0129700		
Date Assigned:	07/16/2015	Date of Injury:	05/01/2006
Decision Date:	08/19/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/06/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 55 year old female who sustained an industrial injury on 05/01/2006. Current diagnoses include joint pain-lower leg, reflex sympathetic dystrophy of lower limb, and wrist sprain. Previous treatments included medications and [REDACTED]. Report dated 05/29/2015 noted that the injured worker presented with complaints that included deterioration of her hand owing to complex regional pain syndrome. It was noted that due to the lack of oxycodone the injured worker has had increased pain and feels that the pain is spreading. It was also documented that the injured worker had a recent evaluation suggesting inflammation of the liver which most of the offending medications were stopped. Current medication regimen included nortriptyline, omeprazole, hydrocode/acetaminophen, inbuprofen, and Topamax. Pain level was not included. Physical examination was not provided. The treatment plan included a laboratory evaluation, request for oxycodone, refill Topamax, and follow up in three months. Currently the injured worker is permanent and stationary and is not working. Report dated 03/16/2015 documented that ibuprofen, hydrocodone/acetaminophen were discontinued due to inflammatory changes in her liver. The medical records submitted for review support that the injured worker has been prescribed ibuprofen, omeprazole, and hydrocodone/acetaminophen since at least 12/09/2014. Disputed treatments include ibuprofen, omeprazole, and hydrocodone/acetaminophen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #30 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

Decision rationale: According to the California MTUS chronic pain medical treatment guidelines, there are specific guidelines for prescribing proton pump inhibitors (PPI). "PPI's are recommended when patients are identified to have certain risks with the use of Non-steroidal anti-inflammatory drugs (NSAIDs). Risk factors include age > 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anti-coagulant, and high dose/multiple NSAID. A history of ulcer complications is the most important predictor of future ulcer complications associated with NSAID use." The documentation provided did not indicate that the injured worker has any past or present gastrointestinal complaints that would put her at increased risk for a gastrointestinal event. Therefore, the request for Omeprazole 20mg #30 with 3 refills is not medically necessary.

Hydrocodone/ acetaminophen 5mg/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement, Opioids section Page(s): 1, 74-96.

Decision rationale: According to the California MTUS chronic pain medical treatment guidelines recommend specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. Recommendations include the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The CA MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment." The medical records submitted for review does not include the above recommended documentation. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Therefore, the request for Hydrocodone/ acetaminophen 5mg/325mg #120 is not medically necessary.

Ibuprofen 600mg 390 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement, NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 1, 67-71.

Decision rationale: The California MTUS chronic pain medical treatment guidelines recommend specific guidelines for use of non-steroidal anti-inflammatory drugs (NSAIDs). "They are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Also per the MTUS NSAIDs are recommended for acute exacerbations of chronic low back pain, as a second-line treatment after acetaminophen." The CA MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment." There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care with the use of ibuprofen. Therefore, the request for Ibuprofen 600mg 390 with 3 refills is not medically necessary.