

Case Number:	CM15-0171546		
Date Assigned:	09/11/2015	Date of Injury:	12/13/2014
Decision Date:	10/13/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/31/2015

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: Connecticut, California, Virginia
 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 was a 37 year old female, who sustained an industrial injury, December 13, 2014. According to progress note of July 22, 2015, the injured worker's chief complaint was left foot and ankle pain. The injured worker had developed an abnormal gait because of the injury and it was causing worsening low back pain. The injured worker took pain medication which allowed the injured worker to function. The physical exam noted spasms in the paraspinal muscles. There was tenderness with palpation of the paraspinal muscles. The muscle strength of the left ankle plantar flexors, ankle dorsiflexors, long toe, extensors were 5 out of 5. The reflexes of the left patella and Achilles were 2 plus. The injured worker was able to heel and toe walk. There was tenderness to pressure over the left medial and lateral ankle as well as the left ATFL. There was reduced sensation and range of motion in the left foot. The orthopedic testing noted lateral instability. The injured worker was undergoing treatment for ankle fracture, ankle strain and or sprain, lumbar strain and or sprain. The injured worker previously received the following treatments physical therapy with no improvement, the current medications were Omeprazole 1 daily since March of 2015, Hydrocodone (Norco 5-325mg) 1 tablet 2 times daily started April 7, 2015 after stopping Tramadol and Ketoprofen 200mg 1 daily, Left ankle MRI which indicated a fracture of the ankle on March 19, 2015 and MRI of the lumbar spine. The RFA (request for authorization) dated July 22, 2015, the following treatments were requested: refills for Hydrocodone 5-352mg #30 and Omeprazole. The UR (utilization review board) denied certification on July 30, 2015; for prescription refills for Hydrocodone 5-352mg #30 and Omeprazole. The hydrocodone was denied due to know there was no clear documentation of

medical necessity for the long term use of Opioid narcotic and no appropriate monitoring of the medication; thus non-certified. The Omeprazole was denied due the medical necessity for the medication was not supported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 5-325mg, sig; take one twice daily #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids (Classification), Opioids for chronic pain, Opioids, dealing with misuse & addiction, Opioids, dosing, Opioids, pain treatment agreement, Opioids, steps to avoid misuse/addiction.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Appropriate weaning is indicated. Given the lack of clear evidence to support functional improvement on the medication and the chronic risk of continued treatment, the request for hydrocodone is not considered medically necessary.

Omeprazole Dr 20mg, sig; take one daily, 2 refills, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The documents submitted for review provide no evidence of GI complaints or objective physical findings to warrant continued use. The MTUS states that clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. There is no formal objective evidence on the physical exam, etc. documenting specific gastrointestinal symptoms or findings in the provided records. It is the opinion of this reviewer that the request for Omeprazole being non-certified is reasonable based on lack of evidence for GI risk or symptomatology in the provided records. Therefore, the request cannot be considered medically necessary given the provided information at this time.

