

Case Number:	CM15-0174447		
Date Assigned:	09/25/2015	Date of Injury:	06/08/2014
Decision Date:	11/30/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/04/2015

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: Oregon

Certification(s)/Specialty: Plastic Surgery, Hand Surgery

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 43 year old female with a date of injury on 06-08-2014. The injured worker is undergoing treatment for sprain-strain of the ankle, sprain strain-lumbar, and sciatica. A physician progress note dated 05-04-2015 the injured worker complains of right ankle swelling and pain. There are positive sensory deficits of the medial anterior leg to her foot. She has decreased range of motion of her right ankle and positive anterior joint line pain and positive lateral ankle pain. A Magnetic Resonance Imaging of the right ankle is pending and use of medicine management and home exercises to strengthen calf is to continue. Medications include Ibuprofen, Tylenol #3, Docuprene, and Omeprazole. A physician note dated 07-08-2015 documents the injured worker sustained an injury on 06-12-2015 and her condition is improving but slower than expected. She is 40% better than in the previous visit. She is on modified duty. She is tolerating her current medications, and has completed 4 chiropractic visits. She is responding well to chiropractic therapy treatment. She complains of lumbosacral pain that is dull and mild. She has pain in her right ankle and it is occasional. Her medications include Ibuprofen, Acetaminophen, Omeprazole DR, and Orphenadrine Citrate ER. Her right ankle has no tenderness and there is full range of motion. She walks with a normal gait. She has no lumbar spine tenderness or restriction of range of motion. A physician progress note dated 07- 27-2015 documents the injured worker has complaints of swelling in her right ankle, low back pain and less hip pain. She has decreased ankle range of motion, and positive Draw sign. A request for a Magnetic Resonance Imaging secondary to instability and torn ligaments in the ankle is pending. She is to use an ankle support as tolerated. Her medications include Ibuprofen, Tramadol, and

Omeprazole. Her pain without medications is severe. With her medications her pain is improved by 50% and her range of motion is improved and activities of daily living are improved. Treatment to date has included diagnostic studies, medications, chiropractic sessions, use of an ankle support, cortisone injections to the right ankle, hot and cold packs, a moist heat pack, and a sacro-lumbar support. The Request for Authorization dated 07-28-2015 includes Tramadol 37.5-325mg, Docusate 100mg #60 (since at least 01-08-2015), Ibuprofen 800mg #60 (since 01-08-2015), and Omeprazole 20mg, #60 (since at least 01-08-2015). On 08-14-2015 the Utilization Review non-certified the request for Retrospective Docusate 100mg #60 DOS: 7/28/15, Retrospective Ibuprofen 800mg #60 DOS: 7/28/15, Retrospective Omeprazole 20mg #60 DOS: 7/28/15, and Retrospective Tramadol 37.5-325mg #90 DOS: 7/28/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Omeprazole 20mg #60 DOS: 7/28/15: 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, Online Edition Chapter: Pain (Chronic).

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

Decision rationale: MTUS regarding the use of proton pump inhibitors (PPI) such as protonix, for prophylaxis use indicates that the following risk factors should be present, "(1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." Documentation provided does not suggest that the patient has any of the noted risk factors noted above and the omeprazole is recommended non-certified. The patient does not have a history of anti-coagulation, previous reaction to NSAIDs or peptic ulcer disease. The guidelines do not support routine use of PPI's for patients taking NSAIDs. This patient does not have any of the risk factors to require omeprazole. In addition, ACOEM and MTUS do not support chronic use of NSAIDs. Therefore this request is not medically necessary.

Retrospective Tramadol 37.5/325mg #90 DOS: 7/28/15: 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, Online Edition Chapter: Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: Per ACOEM, Initial Approaches to Treatment, page 47 and 48, OPIOIDS: Opioids appear to be no more effective than safer analgesics for managing most musculoskeletal and eye symptoms; they should be used only if needed for severe pain and only for a short time.

Opioids cause significant side effects, which the clinician should describe to the patient before prescribing them. Poor patient tolerance, constipation, drowsiness, clouded judgment, memory loss, and potential misuse or dependence has been reported in up to 35% of patients. Patients should be informed of these potential side effects. Per MTUS, page 113: Tramadol (Ultram) Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. MTUS does not support chronic use of opiates. In addition, MTUS does not support Ultram and a first line treatment. The patient has chronic pain that should be managed with other modalities. Therefore this request is not medically necessary.

Retrospective Ibuprofen 800mg #60 DOS: 7/28/15: 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, Online Edition Chapter: Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Per ACOEM, Initial Approaches to Treatment, page 47: Acetaminophen and Nonsteroidal Anti-Inflammatory drugs. The safest effective medication for acute musculoskeletal and eye problems appears to be acetaminophen. Nonsteroidal anti-inflammatory drugs (NSAIDs), including aspirin and ibuprofen, also are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. Therefore, they should be used only acutely. The records do not document an acute injury. The patient's injury was in 2014. Chronic NSAIDs are not supported by either ACOEM or MTUS. Therefore this request is not medically necessary.

Retrospective Docusate 100mg #60 DOS: 7/28/15: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/ppa/docusate.html>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Curr Gastroenterol Rep. 2013 Jul; 15(7):334. DOI: 10.1007/s11894-013-0334-4. Opioid induced bowel disease: a twenty-first century physicians' dilemma. Considering pathophysiology and treatment strategies, Sharma A1, Jamal MM.

Decision rationale: A study by Sharma and Jamal supports the use of a bowel regimen for patients on opiates. This patient has been on opiates for ankle pain. Stool softener is indicated as part of an opiate bowel program. Therefore this request is medically necessary.