

Case Number:	CM15-0063813		
Date Assigned:	04/09/2015	Date of Injury:	09/03/2007
Decision Date:	05/15/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/03/2015

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: Virginia
 Certification(s)/Specialty: Neurology

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 51 year old male, who sustained an industrial injury on 9/03/2007. He reported a left leg injury after a direct blow to his left leg. He also had an injury date in 2007 after a fall from a horse, with injury to his right shoulder and low back regions. The injured worker was diagnosed as having left knee chondromalacia, left knee internal derangement, left ankle strain/sprain, and status post surgery on the left knee. Treatment to date has included diagnostics, surgical intervention on 9/03/2007 and 12/19/2007, physical therapy, left knee brace, home exercise program, and medications. In 10/2014 his pain was rated 3/10 with medication use and 8/10 without. Medications at that time included Norco, Naproxen, Prilosec, and Tylenol #3 was given as a trial. Currently (2/23/2015), the injured worker complains of pain in his lumbar spine, right shoulder, left knee, and left ankle. Current medications included Naproxen, Tylenol #3, and Omeprazole (as needed for gastrointestinal complaints). Pain was rated 4/10 with medication use and 7/10 without. He reported some gastrointestinal complaints (non-specified). The treatment plan included continuance of Tylenol #3, Naproxen, and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg quantity 60 with one refill: Upheld

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

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

Decision rationale: Chronic pain medical treatment guidelines recommend that clinicians should weigh the indications for NSAIDs against both gastrointestinal and cardiovascular risk factors. Factors used to determine if the patient is at risk for gastrointestinal events include age greater than 65 years, history of peptic ulcer or GI bleeding, concurrent use of aspirin or corticosteroids and oral anticoagulants medications. Patients who are at risk for gastrointestinal events are recommended to be treated with a proton pump inhibitor such as omeprazole. In the case of the injured worker above, there is a lack of documentation of specific GI factors that put this patient at risk for adverse events. There is documentation that the patient has nonspecific GI complaints but there is no specific documentation of specific risk factors such as ulcers to put the injured worker at risk for adverse events. Therefore, according to the guidelines and a review of the evidence, a request for omeprazole-20 mg quantity 60 with one refill is not medically necessary.

Acetaminophen with Codeine 300/30mg quantity 60 with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78,93-94.

Decision rationale: Chronic pain medical treatment guidelines indicate 4 domains that have been proposed is most relevant for monitoring ongoing pain for chronic pain patients who take opioids: Pain relief, side effects, physical and psychosocial functioning, and occurrence of any potential aberrant (or nonadherent) drug related behaviors. This domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and any aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provided a framework for documentation of the clinical use and this controlled medications. In the case of the injured worker detailed above, there is no specific treatment plan to monitor the efficacy of the opioid medication used to control the injured worker's pain. there is no specific plan to potentially attempt to wean the patient from the medication when the pain is better controlled. Therefore, according to the guidelines and a review of the evidence, a request for Acetaminophen with codeine 300/30 quantity 60 with one refill is not medically necessary.

Acetaminophen with Codeine 300/30mg quantity 30 with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 93-94.

Decision rationale: Chronic pain medical treatment guidelines indicate 4 domains that have been proposed is most relevant for monitoring ongoing pain for chronic pain patients who take opioids: Pain relief, side effects, physical and psychosocial functioning, and occurrence of any potential aberrant (or nonadherent) drug related behaviors. This domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and any aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provided a framework for documentation of the clinical use and this controlled medications. In the case of the injured worker detailed above. There is no specific plan to monitor the efficacy of the medication to provide pain relief for the patient. There is no plan to monitor the occurrence of potential aberrant behavior for potential drug seeking potential in this patient who uses this medication for chronic pain. Therefore, according to the guidelines and a review of the evidence, a request for Acetaminophen with codeine 300/30 quantity 30 with one refill is not medically necessary.