

Case Number:	CM15-0073528		
Date Assigned:	04/23/2015	Date of Injury:	12/24/2014
Decision Date:	06/11/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/17/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 46-year-old male, who sustained an industrial injury on 12/24/2014. He reported acute left foot and ankle pain after walking backwards into a hole and twisting the left ankle. Diagnoses include left ankle sprain/strain, fracture of left third metatarsal bone and second metatarsal bone. Treatments to date include NSAID, activity modification, and physical therapy. Currently, he complained of left foot pain rated 6/10 VAS associated with swelling and ecchymosis. Relief was reported with use of CAM boot, rest and ice. On 1/30/15, the physical examination documented left foot swelling and tenderness along the base of the second and third metatarsals. The plan of care included Motrin, Prilosec, and ace wrap. A 3/11/15 progress note is handwritten, difficult to read states that there is a left leg limp, antalgic gait and tenderness to palpation of the left metatarsals. The patient has trouble supporting full weight and is able to stretch or bend his toes. Flexeril, Ultracet and Prilosec were prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60 by mouth twice a day: Upheld

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

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

Decision rationale: Prilosec 20mg #60 by mouth twice a day is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria (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). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The documentation does not indicate that the patient meets the criteria for a proton pump inhibitor therefore the request for Prilosec is not medically necessary.

Ultracet 37.5/325 #60 twice daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78-84.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steps to Take Before a Therapeutic Trial of Opioids; Initiating Therapy and ongoing management Page(s): 76-77 and 78-80.

Decision rationale: Ultracet 37.5/325 #60 twice daily is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. There should be baseline pain and functional assessments should be made. Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale. Pain related assessment should include history of pain treatment and effect of pain and function. There should be an assessment on the likelihood that the patient could be weaned from opioids if there is no improvement in pain and function. The patient should have at least one physical and psychosocial assessment by the treating doctor (and a possible second opinion by a specialist) to assess whether a trial of opioids should occur. The physician and surgeon should discuss the risks and benefits of the use of controlled substances and other treatment modalities with the patient, caregiver or guardian. A written consent or pain agreement for chronic use is not required but may make it easier for the physician and surgeon to document patient education, the treatment plan, and the informed consent. A urine drug screen can be obtained to assess for the use or the presence of illegal drugs. The documentation does not indicate evidence of the above opiate prescribing recommendations per the MTUS. There is no pain assessment or evidence of pain agreement or discussion of an opiate treatment plan. The MTUS does not support opioids without evidence of pain relief and continued functional improvement. The documentation is not clear on whether the patient has had prior opioids. The request for Ultracet is not medically necessary.

Flexeril 7.5 #60 by mouth as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42 and page 64.

Decision rationale: Flexeril 7.5 #60 by mouth as needed is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Flexeril (Cyclobenzaprine) is not recommended to be used for longer than 2-3 weeks. The documentation does not reveal evidence of muscle spasm. Evidence there are no extenuating circumstances documented that would necessitate continuing this medication beyond the 2-3 week time frame. The request for Cyclobenzaprine Flexeril 7.5mg #60 is not medically necessary.