

<b>Case Number:</b>	CM15-0074392		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	03/20/2008
<b>Decision Date:</b>	06/08/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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: Texas, Illinois

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 office visit reports were eligible. The injured worker is a 49-year-old male, who sustained an industrial injury on 3/20/08. The injured worker was diagnosed as having gastroesophageal reflux disease versus chronic gastritis previously NSAIDs induced and plantar fasciitis of left foot. Treatment to date has included NSAIDs. Currently, the injured worker complains of heartburn, hasn't had NSAIDs in one year. Physical exam noted soft abdomen and left foot with tenderness to palpation of plantar aspect. The treatment plan included laboratory studies and prescription for Nexium and follow up with podiatrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Codine/APAP 30/300 mg, sixty count with no refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

**Decision rationale:** The injured worker sustained a work related injury on 3/20/08. The medical records provided indicate the diagnosis of gastroesophageal reflux disease versus chronic gastritis previously NSAIDs induced and plantar fasciitis of left foot. Treatment to date has included NSAIDs. The medical records provided for review do not indicate a medical necessity for. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment of there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records reviewed did not indicate the pain severity of the pain, there was no documentation of activities of daily living, there was no documentation explaining how long this medication has been in use( if it is initial treatment, one would need goal of treatment, opioid contract).