

Case Number:	CM15-0096181		
Date Assigned:	05/26/2015	Date of Injury:	08/06/2008
Decision Date:	06/29/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/19/2015

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: California

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 is a 40 year old male who sustained an industrial injury on 08/06/2008 resulting in right hip and left lower extremity injuries. Treatment provided to date has included: left ankle surgery (05/2011); and right hip and pelvis surgery (2010). Other treatment was not mentioned. Diagnostic tests performed include: x-rays of the left ankle (02/14/2011) showing a healed non-displaced fracture of the mid left tibia and distal tibia, MRI of the left ankle (01/06/2011) showing remote tibia and medial ankle trauma with post-traumatic ossicles medially, chronic tears of the anterior/anterior tibiofibular and anterior talofibular ligaments, moderate scarring in the deltoid ligament complex mild accessory tibiotalar and posterior subtalar osteoarthritis; MRI of the pelvis and right hip (01/04/2011) showing fluid collection extending from the right anterolateral pelvis, and metal artifact in the hemipelvis obscuring significant portions of the acetabulum, hip joint and labrum; and ultrasound of the right groin (03/2009) showing fluid collections beneath the skin which appeared to be a cyst or seroma. There were no noted previous injuries or dates of injury, and no noted comorbidities. On 04/27/2015, physician progress report noted complaints of discomfort in the right hip and left ankle. The right hip and groin pain was rated 6 (0-10), but described as constant but lower than the previous exam. The left ankle pain was rated 4 (0-10) and reported to be unchanged or lower. Additional complaints include right thigh swelling. Current medications include gabapentin, omeprazole, Cymbalta, and Nabumetone. The physical exam revealed tenderness to palpation over the right acetabulum/groin and left ankle at the surgical scars, and minimal tenderness over the fusiform scar in the groin. There was the noted ability to stand for 40 minutes and sit for 1-2 hours. There was no tenderness to palpation over the left ankle, but

remained slightly stiff. The lumbar range of motion remains restricted by hip and groin pain, and guarded and progressively impaired range of motion in the right hip. The provider noted diagnoses of status post severe pelvic groin injury, status post tibia/fibular fractures, status post right herniorrhaphy, status post compensable consequence left knee pain (resolved), status post extensive hemipelvic open reduction internal fixation of the right iliac crest fracture with extension into the right acetabulum, status post arthroscopic surgery and debridement of the left ankle with removal of hardware, and chronic mild post-traumatic groin pain. Plan of care includes ongoing pain management, continued medications with refills, home exercise program, and follow-up. The injured worker was noted to have a USDL classification of semi-sedentary work. Requested treatments include: Prilosec and Cymbalta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec cap 20mg every day, #30 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 68.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (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. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor Prilosec. Prilosec cap 20mg every day, #30 with 5 refills is not medically necessary.

Cymbalta 90mg everyday #30 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 14, 105.

Decision rationale: Recommended as an option in depressed patients for non-neuropathic pain, but effectiveness is limited. The medical record fails to document depression secondary to chronic pain. The patient does not carry the diagnosis of radiculopathy or radicular pain. Cymbalta 90mg everyday #30 with 5 refills is not medically necessary.