

Case Number:	CM13-0052688		
Date Assigned:	12/30/2013	Date of Injury:	02/06/2012
Decision Date:	05/21/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/15/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 50-year-old male who reported an injury on 02/06/2012 after stepping onto a cement block that reportedly caused injury to his right ankle. The injured worker's treatment history included multiple medications, an ankle brace, physical therapy, and acupuncture. The most recent documentation submitted for this review was dated 11/21/2012. It was documented at that time that the injured worker was taking tramadol and monitored for aberrant behavior with urine drug screens. A request was made for Protonix, Norco, and Relafen. However, no recent documentation was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROTONIX 20MG TABLETS, #30: 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.

Decision rationale: The California Medical Treatment Utilization Schedule recommends gastrointestinal protectants for injured workers who are at risk for developing gastrointestinal events related to medication usage. There was no clinical documentation to support this request.

Additionally, the request as it is submitted does not provide a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Protonix 20 mg tablets, #30 is not medically necessary or appropriate.

NORCO 10/325MG TABLETS, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen Page(s): 91.

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

Decision rationale: The California Medical Treatment Utilization Schedule recommends the use of opioids be supported by ongoing documentation of functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence of compliance to a prescribed medication schedule. The clinical documentation submitted for review does indicate that the injured worker submitted to a urine drug screen in 11/2012. However, there was no recent documentation to support the request. Additionally, the request as it is submitted does not clearly identify a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Norco 10/325 mg tablets, #60 is not medically necessary or appropriate.

RELAFEN 750MG TABLETS, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nebumetone (Relafen, Generic Available) Page(s): 72-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 60,67.

Decision rationale: The California Medical Treatment Utilization Schedule does recommend the use of nonsteroidal anti-inflammatory drugs as first line medications in the management of chronic pain. However, the California Medical Treatment Utilization Schedule recommends ongoing use be supported by documentation of functional benefit and pain relief. There was no recently clinical documentation to support this request. Additionally, the request as it is submitted does not clearly identify a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Relafen 750 mg tablets # 60 is not medically necessary or appropriate.