

Case Number:	CM13-0063151		
Date Assigned:	12/30/2013	Date of Injury:	11/08/2010
Decision Date:	05/06/2014	UR Denial Date:	11/24/2013
Priority:	Standard	Application Received:	12/09/2013

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:

This 38-year-old sustained an injury on November 8, 2010. Requests under consideration include Retrospective Request for 1 Prescription Naproxen 550 mg, Retrospective Request for 1 Prescription Tramadol 50 mg between 10/22/2011 and 10/22/2011, Retrospective Request for 1 Prescription Axid 150 mg between 10/22/2011 and 10/22/2011, and Retrospective Request for 1 Prescription Remeron 7.5 mg between 10/22/2011 and 10/22/2011. Conservative care has include physical therapy, medications, chiropractic care, and lumbar epidural steroid injections. Report of May 9, 2013 from podiatry provider noted patient with painful bilateral ankles; doing better with left ankle injection helping. Exam showed decreased pain palpation at bilateral ankles; gait antalgic; normal range of motion. Diagnoses include ankle sprain/ myalgia/ bursitis/ capsulitis/ edema/ peroneal tendonitis. Plan for physical therapy and orthotics continued. Per report of May 10, 2013 from orthopedist, he noted report of September 22, 2012, from the current requesting provider (family medicine) noting patient with back pain. Diagnoses included lumbar spine sprain; bilateral hip sprain; right knee s/p arthroscopic surgery; insomnia, anxiety, depression, and mild diabetes. Treatment included Tramadol, naproxen, Prilosec, Metformin, neurontin, and ketoprofen cream. The naproxen and remeron requests above were partially-certified on November 24, 2013, for one script and the Tramadol and axid retrospective request in 2011 were non-certified citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN 550 MG, PURCHASED ON OCTOBER 22, 2011: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22.

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of the NSAID's (non-steroidal anti-inflammatory drugs) functional benefit is advised as long term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have not adequately addressed the indication to continue this NSAID for an injury of 2010 nor its functional efficacy derived from treatment already rendered. There is no report of acute flare or new injuries. NSAIDs is a second line medication after use of acetaminophen especially in light of side effects of gastritis as noted by the provider. The Retrospective Request for 1 Prescription Naproxen 550 mg is not medically necessary and appropriate. The request for Naproxen 550 mg, purchased on October 22, 2011, is not medically necessary or appropriate.

TRAMADOL 50 MG, PURCHASED ON OCTOBER 22, 2011: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Section Page(s): 74-96.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The request for Naproxen 550 mg, purchased on October 22, 2011, is not medically necessary or appropriate.

AXID 150 MG, PURCHASED ON OCTOBER 22, 2011: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK, Page(s): 68-69.

Decision rationale: Axid is also prescribed for stomach upset and heartburn. Axid (Nizatidine, USP) is a histamine H2-receptor antagonist and is indicated for the treatment of active duodenal ulcer, erosive and ulcerative esophagitis, and associated heartburn due to GERD (gastroesophageal reflux disease). According to the Chronic Pain Medical Treatment Guidelines, the patient does not meet criteria for Axid namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. In addition, review of the records show no documentation of any history, symptoms, or GI (gastrointestinal) diagnosis to warrant treatment with Axid. The request for Naproxen 550 mg, purchased on October 22, 2011, is not medically necessary or appropriate.

Retrospective Request for 1 Prescription Remeron 7.5mg between 10/22/2011 and 10/22/2011: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS FOR CHRONIC PAIN Page(s): 13-16.

Decision rationale: The Chronic Pain Medical Treatment Guidelines do not recommend Remeron, a Noradrenergic Serotonergic anti-depressant without evidence of failed treatment with first-line tricyclics (TCAs) not evident here. Tolerance may develop and rebound insomnia has been found as for this patient who has sleeping complaints. Remeron may be an option in patients with coexisting diagnosis of major depression; however, that has not been clearly demonstrated from submitted reports for this chronic injury of 2010 without remarkable acute change or red-flag conditions. Submitted reports from the provider have not adequately documented any failed trial with first-line TCAs nor is there any specific diagnosis of major depression. The patient has been prescribed the medication without any functional improvement derived from treatment already rendered. The request for Remeron 7.5 mg, purchased on October 22, 2011, is not medically necessary or appropriate.