

Case Number:	CM14-0005686		
Date Assigned:	02/05/2014	Date of Injury:	04/23/2008
Decision Date:	08/04/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/15/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 47-year-old female who reported an injury on 04/23/2008. The mechanism of injury was not provided. On 12/05/2013, the injured worker presented with left ankle pain. Upon examination there was tenderness present with palpation over the arthroscopic portal scars just above the ankles bilaterally and light touch sensation was significant for allodynia and dysesthesias to the superficial peroneal and deep peroneal nerves. There is a positive Tinel's sign at both arthroscopic portal scars and stress testing of the knee produces no evidence of instability. Current medications include; Neurontin, Tramadol, Protonix and Ultram. The diagnosis for history of left ankle internal derangement following ankle sprain, status post left ankle arthroscopy with synovectomy, status post left ankle diagnostic arthroscopic with extensive synovectomy with micro fascial drilling of osteochondral lesion of the talus and postsurgical neuromas of the left deep and superficial peroneal nerves. The provider recommended Protonix 20 mg and Neurontin 600 mg. The provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION OF PROTONIX 20 MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI Symptoms & Cardiovascular risk Page(s): 68.

Decision rationale: The California MTUS Guidelines recommend proton pump inhibitors for injured workers at risk for gastrointestinal ailments. The guidelines recommend that clinician utilize the following criteria to determine if the injured worker is at risk for gastrointestinal ailments, to include age greater than 65 years old, history of peptic ulcer, GI bleed, or perforation and concurrent use of acetylsalicylic acid (aspirin) (ASA), corticosteroids and/or anticoagulants or for high dose multiple Nonsteroidal Anti-Inflammatory Drugs (NSAIDs). The medical documentation did not indicate the injured worker had gastrointestinal symptoms. The medical documents did not indicate that the injured worker had a history of peptic ulcer, GI bleed or perforation. It did not appear the injured worker was at risk for gastrointestinal ailments. The provider does not indicate whether Protonix was a continued or new medication, the efficacy of the medication was not provided. Additionally, the provider's request for Protonix did not indicate the frequency of the medication being requested. As such, the request for Protonix 20 MG #60 is not medically necessary.

ONE PRESCRIPTION OF NEURONTIN 600 MG #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-22..

Decision rationale: The California MTUS Guidelines recommend proton pump inhibitors for injured workers at risk for gastrointestinal ailments. The guidelines recommend that clinician utilize the following criteria to determine if the injured worker is at risk for gastrointestinal ailments, to include age greater than 65 years old, history of peptic ulcer, GI bleed, or perforation and concurrent use of acetylsalicylic acid (aspirin) (ASA), corticosteroids and/or anticoagulants or for high dose multiple Nonsteroidal Anti-Inflammatory Drugs (NSAIDs). The medical documentation did not indicate the injured worker had gastrointestinal symptoms. The medical documents did not indicate that the injured worker had a history of peptic ulcer, GI bleed or perforation. It did not appear the injured worker was at risk for gastrointestinal ailments. The provider does not indicate whether Protonix was a continued or new medication, the efficacy of the medication was not provided. Additionally, the provider's request for Protonix did not indicate the frequency of the medication being requested. As such, the request for Protonix 20 MG #60 is not medically necessary.