

Case Number:	CM14-0008065		
Date Assigned:	02/12/2014	Date of Injury:	04/14/2011
Decision Date:	06/27/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/21/2014

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 Physical Medicine & 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 54 year old female injured on April 14, 2011. The injured worker is recorded to have fallen and sustained a left a knee injury. The injured worker was previously noted to have acute flare up of the left knee with stabbing and throbbing of left ankle. She also complained of a popping sensation when walking. There was tenderness in medial compartment of left knee, pain at end-range, and tenderness over left anterior ankle with full range of motion. She is diagnosed with left knee sprain / strain, chronic degenerative joint disorder (DJD), non-displaced tibial fracture, left ankle sprain / strain and mild dyspepsia. Previous treatment request: Tramadol 50mg every 8 hr #180; partial certified, Naproxen 550mg twice daily # 120; certified, Protonix 20mg 1-2 qam#120; partial certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: TRAMADOL 50 MG EVERY 8 HOURS QTY: 180: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 93-94, 113

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 93-94.

Decision rationale: According to the California Medical Treatment Utilization Schedule (CA MTUS) guidelines, Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic, and is indicated for moderate to severe pain. The guidelines state opioids may be continued: (a) If the patient has returned to work and (b) If the patient has improved functioning and pain. The medical records have not demonstrated the requirements for continued opioid therapy. Chronic use of opioids is not generally supported by the medical literature. Furthermore, the patient is currently taking Naproxen for pain. Therefore, medical necessity of Ultram has not been established per guidelines, and is not recommended as medically necessary.

RETRO: PROTONIX 20 MG 1-2 EVERY MORNING QTY: 120.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 66.

Decision rationale: The California Medical Treatment Utilization Schedule (CAMTUS) guidelines state proton pump inhibitors (PPI) medications such as Protonix may be indicated for patients at risk for gastrointestinal events, which should be determined by the clinician: 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 (e.g., NSAID + low-dose ASA). Treatment of dyspepsia secondary to NSAID therapy recommendation is to stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a proton pump inhibitors (PPI). In accordance with the California Medical Treatment Utilization Schedule (CAMTUS) guidelines, Protonix is medically necessary.