

Case Number:	CM14-0176071		
Date Assigned:	10/29/2014	Date of Injury:	05/27/2010
Decision Date:	12/05/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/23/2014

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 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 53 year-old patient sustained an injury on 5/27/10 while employed by [REDACTED]. Request(s) under consideration include 1 Prescription for Protonix 20mg #60 DOS 9/16/2014, 1 Prescription for Ultram ER 150mg #60 DOS 9/16/2014, and 1 Prescription for Neurontin 600mg #60 DOS 09/16/2014. Diagnoses include lumbar strain with L4-5 disc protrusion; left knee medial meniscal disruption s/p left knee arthroscopy in 7/2012; and left ankle strain. Previous utilization report of 8/29/14 had non-certified Prilosec and Voltaren with certification of Ultram ER #60 and Neurontin #60. Report of 9/16/14 from the provider noted the patient with ongoing chronic left knee and ankle pain. Exam showed left-sided limp and antalgic gait; persistent tenderness in lower paralumbar region; decreased tenderness at medial joint line on left, mild tenderness over left anterior talus fibular ligament without gross laxity. X-rays and MRIs of the left foot and ankle were discussed. Treatment included left ankle injection and medication refills. The request(s) for 1 Prescription for Protonix 20mg #60 DOS 9/16/2014, 1 Prescription for Ultram ER 150mg #60 DOS 9/16/2014, and 1 Prescription for Neurontin 600mg #60 DOS 09/16/2014 were non-certified on 10/14/14 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:

1 Prescription for Protonix 20mg #60 DOS 9/16/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on NSAIDs, GI Symptoms and Cardiovascular Risk, Page(s): 68-69.

Decision rationale: Protonix medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Protonix namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The request for 1 Prescription for Protonix 20mg #60 DOS 9/16/2014 is not medically necessary and appropriate.

1 Prescription for Ultram ER 150mg DOS 9/16/2014: Upheld

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

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

Decision rationale: Per the MTUS Guidelines cited, 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 1 Prescription for Ultram ER 150mg #60 DOS 9/16/2014 is not medically necessary and appropriate.

1 Prescription for Neurontin 600mg DOS 09/16/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs/Gabapentin Page(s): 18-19.

Decision rationale: Guidelines states Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain; however, submitted reports have not adequately demonstrated the specific indication to support for Neurontin without clinical findings of neuropathic pain as they are attributable to the ankle/foot symptoms. Submitted reports have not adequately demonstrated the specific symptom relief or functional benefit from treatment already rendered nor are there specific diagnoses of neuropathic pain. Previous treatment with Neurontin has not resulted in any functional benefit and medical necessity has not been established. The request for 1 Prescription for Neurontin 600mg #60 DOS 09/16/2014 is not medically necessary and appropriate.