

Case Number:	CM14-0047818		
Date Assigned:	06/25/2014	Date of Injury:	08/28/2013
Decision Date:	07/23/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	03/27/2014

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 Geriatrics, and is licensed to practice in New York. 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 31 year old woman with a date of injur of 8/28/13. She was seen by her primary treating physician on 3/5/14 with 8/10 left ankle pain described as constant and achy. She was receiving physical therapy and was status post injections, ankle bracing/immobilization, EMG/NCV (minimal peripheral neuropathic process), and MRI of the left. Her physical exam showed limited range of motion in her left ankle with pain in all motions an an antalgic gait. Her diagnoses included left ankle sprain/strain and left foot paresthesias and plantar fasciitis. She had refills of her naproxen and due to history of GERD type symptoms, omeprazole was added. Tramadol was also added for breakthrough pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription Tramadol 50mg # 60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 84-94.

Decision rationale: This injured worker has chronic foot and ankle pain and is treated currently with NSAIDs. Tramadol is a centrally acting analgesic reported to be effective in managing

neuropathic pain. There are three studies comparing Tramadol to placebo that have reported pain relief, but this increase did not necessarily improve function. Adverse events often caused study participants to discontinue this medication, and could limit usefulness. The doctor's visit fails to document potential efficacy or side effects to justify use in addition to her NSAID. As such, the request is not medically necessary.

Prospective request for 1 prescription for Omeprazole 20mg, #30 with 2 refills.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: This injured worker has chronic foot and ankle pain and is treated currently with NSAIDs. Omeprazole is a proton pump inhibitor which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. This would include those with: 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). The records do not support that she is at high risk of gastrointestinal events. As such, the request is not medically necessary.