

<b>Case Number:</b>	CM14-0064443		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	08/20/2011
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	04/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2014

### 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 patient is a 48-year-old male who has submitted a claim for ankle joint pain associated with an industrial injury date of August 20, 2011. Medical records from 2014 were reviewed. The patient continues to note pain along the medial and lateral aspects of the ankle joint, with swelling around the ankle and numbness into the first toe. Pain is rated at 5 out of 10. Physical examination revealed weakness of left ankle dorsiflexor. Sensation to light touch is decreased throughout the foot. Treatment to date has included oral medications, physical therapy and surgery. Utilization review dated April 21, 2014 denied the request for Pantoprazole because patient does not appear to be at risk of gastrointestinal side effects from NSAID therapy and there does not appear to be any other gastrointestinal conditions that may warrant prescription of a proton pump inhibitor. The same review denied the request for Tramadol because patient's current treatment should be seen as a new trial of treatment and should not begin initially with opioid analgesics.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pantoprazole (Protonix) 20mg #30 Between 4/11/2014 And 6/16/2014:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68.

**Decision rationale:** According to page 68 of the CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors, such as pantoprazole, are indicated in patients taking NSAIDS who are also at intermediate risk for gastrointestinal events and no cardiovascular disease. GI and cardiovascular risk factors include: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. In this case, the records provided do not document any GI complaint or evidence that the patient was at intermediate risk for gastrointestinal events. Patient does not meet the criteria above set by the guidelines. Therefore, the request for Pantoprazole (Protonix) 20mg #30 Between 4/11/2014 And 6/16/2014 is not medically necessary.

**Tramadol/APAP 37.5mg #90 Between 4/11/2014 And 6/16/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol(Ultram, Ultram Er).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 93-94, 113.

**Decision rationale:** According to page 93-94 and 113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Tramadol is indicated for moderate to severe pain. In addition, guidelines do not support ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, patient has been taking Tramadol since September 2013. There was no documented evidence of pain relief and functional improvement from the medication. In addition, specific measures of analgesia and improvements in activities of daily living were not documented. There was also no documentation of adverse effects. Urinary drug screening was not documented. MTUS Guidelines require clear and concise documentation for ongoing management. Medical necessity has not been established. Therefore, the request for Tramadol/APAP 37.5mg #90 Between 4/11/2014 And 6/16/2014 is not medically necessary.