

Case Number:	CM14-0069546		
Date Assigned:	07/14/2014	Date of Injury:	06/10/2013
Decision Date:	10/01/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/14/2014

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 is a 51-year-old female with a 6/10/13 date of injury, when a heavy object fell from the top of a closet striking her on the top of her left foot. She had a history of ankle surgery. The progress note dated 12/18/13 indicated that the patient started taking Nucynta. The patient was seen on 1/14/14 with complaints of continued burning pain, tingling, and cramping in the left extremity. The physical examination revealed that the posterior tibial nerve and deep peroneal nerve were very tender to touch and palpation. The patient was seen on 3/19/14 with complaints of left ankle pain, numbness, and tingling in the left foot. Exam findings revealed severe pain to palpation with allodynia and hyperpathia at the dorsum of the foot and positive Tinel's sign over the peroneal nerve. The patient's gait was antalgic. The patient was taking Nucynta ER and Galise. The patient was prescribed Naproxen, Protonix and Ultram ER. The diagnosis is contusion of the foot, anxiety, peroneal neuropathy, depression, and neuropathic pain. Treatment to date: physical therapy, work restrictions and medications. An adverse determination was received on 4/18/14. The request for Ultram ER 150 mg #30 was denied because the documentation did not identify quantifiable pain relief and functional improvement, appropriate medication use and lack of aberrant behaviors and that the patient was also on Nucynta ER and there was no rationale indicating why another long-acting weaker opioid was needed at that time. The request for Protonix 20 mg #60 was denied because the documentation did not outline current GI complaints or risk factors for that would require PPI therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram Extend Release (ER) 150 mg. #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Opiates Page(s): 113, 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, CA MTUS states that Tramadol (Ultram) is not recommended as a first-line oral analgesic. This medication has action on opiate receptors, thus criterion for opiate use per MTUS must be followed. The progress notes revealed that the patient started using other opioid - Nucynta on 12/18/13. It is not clear, why the provider prescribed second opioid for the patient. In addition, there is a lack of documentation regarding non-opiate means of pain control, or endpoints of treatment. Therefore, the request for Ultram ER 150 mg #30 was not medically necessary.

Protonix 20 mg. #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs (NSAIDs)Gastrointestinal s.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter: Proton pump inhibitors (PPIs) FDA: Pantoprazole (Protonix)

Decision rationale: CA MTUS does not specifically address Pantoprazole (Protonix). CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. There is a lack of documentation indicating that the patient suffered from GERD, gastritis or gastric or duodenal ulcers. In addition, there is no clear rationale with regards to the Protonix use for this patient. Therefore, the request for Protonix 20 mg #60 was not medically necessary.