

<b>Case Number:</b>	CM14-0082317		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	08/25/2010
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2014

### 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 Pain Management 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 60 year-old patient sustained an injury on 8/25/10 while employed by [REDACTED] Request(s) under consideration include 1 Month supply of Tramadol 50 mg and 1 Month supply of Zantac. Diagnoses include Ankle joint pain and post-traumatic arthritis s/p triple arthrodesis . The patient underwent subtalar joint fusion on 6/24/13 followed by splinting and non-weightbearing; subsequently with right ankle arthroplasty, talonavicular arthrodesis, calcaneotibial arthrodesis and stem cell injection on 11/19/13. The patient received post-op PT, Unna boot and medications. Report of 4/11/14 from the provider noted the patient with persistent but reduced pain symptoms and has been using small amount of Vicodin. Exam showed reduced edema, joint line pain to sinus tarsi, intact and stable arch with weight bearing and normal range of motion, crepitus free and pain-free range of motion; and stiffness on forced plantar flexion. Vicodin was discontinued; Terocin was dispensed along with Celebrex, Tramadol and Zantac were prescribed. Request(s) for 1 Month supply of Tramadol 50 mg and 1 Month supply of Zantac were non-certified on 5/20/14 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 Month supply of Tramadol 50 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines Opioids, specific drug list: Tramadol. Decision based on Non-MTUS Citation Van Tulder-Cochrane, 2000; Lexi-Comp, 2008.

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

**Decision rationale:** This 60 year-old patient sustained an injury on 8/25/10 while employed by [REDACTED]. Request(s) under consideration include 1 Month supply of Tramadol 50 mg and 1 Month supply of Zantac. Diagnoses include Ankle joint pain and post-traumatic arthritis s/p triple arthrodesis . The patient underwent subtalar joint fusion on 6/24/13 followed by splinting and non-weightbearing; subsequently with right ankle arthroplasty, talonavicular arthrodesis, calcaneotibial arthrodesis and stem cell injection on 11/19/13. The patient received post-op PT, Unna boot and medications. Report of 4/11/14 from the provider noted the patient with persistent but reduced pain symptoms and has been using small amount of Vicodin. Exam showed reduced edema, joint line pain to sinus tarsi, intact and stable arch with weight bearing and normal range of motion, crepitus free and pain-free range of motion; and stiffness on forced plantar flexion. Vicodin was discontinued; Terocin was dispensed along with Celebrex, Tramadol and Zantac were prescribed. Request(s) for 1 Month supply of Tramadol 50 mg and 1 Month supply of Zantac were non-certified on 5/20/14. 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 1 Month supply of Tramadol 50 mg is not medically necessary and appropriate.

**1 Month supply of Zantac:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation <http://www.rxlist.com/zantac-drug.htm>.

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

**Decision rationale:** This 60 year-old patient sustained an injury on 8/25/10 while employed by [REDACTED]. Request(s) under consideration include 1 Month supply of Tramadol 50 mg and 1 Month supply of Zantac. Diagnoses include Ankle joint pain and post-traumatic arthritis s/p triple arthrodesis . The patient underwent subtalar joint fusion on 6/24/13 followed by splinting and non-weightbearing; subsequently with right ankle arthroplasty, talonavicular

arthrodesis, calcaneotibial arthrodesis and stem cell injection on 11/19/13. The patient received post-op PT, Unna boot and medications. Report of 4/11/14 from the provider noted the patient with persistent but reduced pain symptoms and has been using small amount of Vicodin. Exam showed reduced edema, joint line pain to sinus tarsi, intact and stable arch with weight bearing and normal range of motion, crepitus free and pain-free range of motion; and stiffness on forced plantar flexion. Vicodin was discontinued; Terocin was dispensed along with Celebrex, Tramadol and Zantac were prescribed. Request(s) for 1 Month supply of Tramadol 50 mg and 1 Month supply of Zantac were non-certified on 5/20/14. Zantac 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 Omeprazole (Prilosec) 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 1 Month supply of Zantac is not medically necessary and appropriate.