MAXIMUS Federal Services

Case Number:	CM14-0189560		
Date Assigned:	11/20/2014	Date of Injury:	07/01/2011
Decision Date:	01/08/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/13/2014

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, has a subspecialty in Interventional Spine 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 43 year old male with an injury date of 07/01/11. Based on the 07/17/14 progress report, the patient complains of achy pain in his left foot. He rates this pain as a 6/10 without medications and a 2-3/10 with medications. The patient's left foot has tenderness to palpation over the plantar fascia. The 09/17/14 report states that the patient has left ankle pain and left foot pain which he rates as a 5/10. There is tenderness over the left ankle to the heel and tenderness over the lateral ankle to the dorsum of the left foot. The 10/15/14 report indicates that the patient has a decreased range of motion of his left ankle. The patient's diagnoses include the following:1. Left ankle sprain/strain2. Left foot neuropraxiaThe utilization review determination being challenged is dated 10/27/14. There were three treatment reports provided from 07/17/14, 09/17/14, and 10/15/14. Two of the reports were hand-written and partially illegible.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti-Inflammatory Drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, Anti-Inflammatory Medications Page(s): 60, 61, 22.

Decision rationale: According to the 09/17/14 report, the patient presents with left ankle pain and left foot pain. The request is for NAPROXEN 550 MG #90 to reduce inflammation. The patient has been taking Naproxen as early as 07/17/14.MTUS Anti-inflammatory medications page 22 state, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted."For medication use in chronic pain, MTUS page 60 also requires documentation of pain assessment and function as related to the medication use. In this case, there is lack of any documentation regarding what Naproxen has done for the patient's pain and function and why it's prescribed, as required by MTUS page 60. Recommendation is not medically necessary.

Pantoprazole 20mg #60: 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): 69. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:
http://www.drugs.com/pro/protonix.html

Decision rationale: According to the 09/17/14 report, the patient presents with left ankle pain and left foot pain. The request is for PANTOPRAZOLE 20 MG #60. There is no indication of when the patient began taking Pantoprazole. The 07/17/14 report states that the patient is taking Tramadol, Naproxen Sodium, Menthoderm topical cream, and Cyclobenzaprine. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk,: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Regarding Protonix, or a proton pump inhibitor, MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present such as age greater 65; concurrent use of anticoagulants, ASA or high dose of NSAIDs; history of PUD, gastritis, etc. This medication also can be used for GI issues such as GERD, PUD or gastritis.FDA indications http://www.drugs.com/pro/protonix.html, are present " PROTONIX- Pantoprazole, a PPI, Gastroesophageal Reflux Disease Associated with a History of Erosive Esophagitis. Protonix I.V. for Injection is indicated for short-term treatment (7 to 10 days) of adult patients with gastroesophageal reflux disease (GERD) and a history of erosive esophagitis."The treating physician does not provide any reason as to why this patient needs Pantoprazole. There is no documentation of GI issues, intended prophylactic use due to NSAIDs or mention of functional benefit to warrant the use of Pantoprazole. Recommendation is not medically necessary.

Flurbiprofen/Capsaicin/Camphor 10/0.25%/2%/1%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111, 113.

Decision rationale: According to the 09/17/14 report, the patient presents with left ankle pain and left foot pain. The request is for FLURBIPROFEN/CAPSAICIN/CAMPHOR 10/.25%/2%/1%. Both the 09/17/14 and 10/15/14 reports indicate that "topical compound cream" has been ordered. However, it is unclear if this topical cream is a reference to the Flurbiprofen/Capsaicin/Camphor compounded cream.Regarding topical analgesics, MTUS page 111 states they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Capsaicin is indicated for most chronic pain conditions. Flurbiprofen, an NSAID, is indicated for peripheral joint arthritis/tendinitis.In this case, the patient does present with arthritis/tendinitis of the ankle for which this topical medication may be indicated. However, the treating physician does not indicate how this topical product is being used and with what efficacy either. MTUS page 60 requires recording of pain and function when medications are used for chronic pain. Given the lack of indication and documentation of efficacy, recommendation is not medically necessary.