

Case Number:	CM14-0198763		
Date Assigned:	12/09/2014	Date of Injury:	11/20/2004
Decision Date:	01/28/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/26/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 55 year old male who was injured at work on 11/20/2004. He is reported to be complaining of foot pain. The physical examination revealed moderate pain distress, mild swelling with allodynia and hyperpathia as well as discoloration of the left foot extending to the ankle, antalgic gait favoring the left. The worker has been diagnosed of other chronic pain, neuropathic pain, left foot pain, crushing injury of foot, degenerative Lumbar/Lumbosacral intervertebral disc. Treatments have included Tramadol, Protonix, Naproxen, Vicodin, Left Lumbar sympathetic block for neuropathic/CRPS, Left foot. At dispute are the requests for Medical clearance, H&P, EKG, labs; Protonix 20mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical clearance, H&P, EKG, labs: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lumbar Sympathetic Block Page(s): 57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain(Chronic), Lumbar Sympathetic Block

Decision rationale: The injured worker sustained a work related injury on 11/20/2004. The medical records provided indicate the diagnosis other chronic pain, neuropathic pain, left foot pain, crushing injury of foot, degenerative Lumbar/Lumbosacral intervertebral disc. Treatments have included Tramadol, Protonix, Naproxen, Vicodin, and Left for neuropathic/CRPS, left foot. The medical records provided for review do not show a medical necessity for medical clearance, H&P, EKG, labs for lumbar sympathetic block. Neither the MTUS nor the Official Disability Guidelines makes mention of medical clearance, history and physical, EKG and laboratory test for lumbar sympathetic block. There was no guidelines found that recommended for or against these measures. Therefore, the requested evaluation is not medically necessary and appropriate.

Protonix 20mg #30: Upheld

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

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

Decision rationale: The injured worker sustained a work related injury on 11/20/2004. The medical records provided indicate the diagnosis other chronic pain, neuropathic pain, left foot pain, crushing injury of foot, degenerative Lumbar/Lumbosacral intervertebral disc. Treatments have included Tramadol, Protonix, Naproxen, and Vicodin, left for neuropathic/CRPS and left foot. The medical records provided for review do not show a medical necessity for Protonix 20mg #30. The MTUS recommends the use of proton pump inhibitors in the treatment of individuals on Nonsteroidal anti-inflammatory medications who are either above 65 years of age, suffer from peptic ulcer disease, or have experienced gastrointestinal side effects while on NSAIDs, or that are taking high dose or multiple NSAIDs, or taking NSAIDs while on corticosteroids, or are taking NSAIDs while being treated with anticoagulants (Blood thinners). Since the records reviewed do not indicate the injured worker belongs to any of these groups, the requested treatment is not medically necessary and appropriate.