

<b>Case Number:</b>	CM14-0199057		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	04/05/2012
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Occupational Medicine 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 applicant is a represented [REDACTED] Services employee who has filed a claim for chronic ankle and low back pain reportedly associated with an industrial injury of April 5, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; unspecified amounts of physical therapy; bracing; and an ankle corticosteroid injection. In a Utilization Review Report dated November 27, 2014, the claims administrator denied a request for Voltaren and Protonix while conditionally denying Ultram. The claims administrator referenced a September 23, 2014 progress note in its determination. The applicant's attorney subsequently appealed. On June 10, 2014, the applicant was given refills of Voltaren, Prevacid, and Ultram. The attending provider's reporting was very difficult to follow and did not make it clear whether Prevacid was being given for actual symptoms of gastritis versus prophylactically. The applicant was 41 years old. There was no mention of any active symptoms of reflux or heartburn in the body of the report. The applicant had permanent work restriction previously imposed by a medical-legal evaluator, the attending provider suggested. On July 7, 2014, the applicant received an ankle corticosteroid injection. The applicant was described as moderately obese, although the applicant's height, weight, and BMI were not provided. The applicant was apparently using Tramadol, Naprosyn, and omeprazole. On July 29, 2014, the applicant was again given Voltaren, Protonix, and Ultram. There was no mention of whether or not Protonix was being employed to replace previously prescribed Prevacid and omeprazole or whether it was being employed in conjunction with the same. In the review of systems section of the note, the applicant denied any issues with nausea or heartburn, however. Orthotics were endorsed. The applicant's work status, once again, was not clearly outlined, although it did not appear that the applicant was working. On September 23, 2014, the applicant reported persistent complaints of bilateral foot, bilateral ankle, and low back

pain. The applicant was obese, standing 5 feet 5 inches tall and weighing 260 pounds. Tenderness was appreciated about the ankle plantar fascia region. Voltaren, Protonix, and Ultram were endorsed. Permanent work restrictions imposed by a medical-legal evaluator were renewed. The applicant denied any issues with reflux, heartburn, or nausea in the review of systems section of the note. There was no clear discussion of medication efficacy incorporated into the body of this report, as with a previous report of September 2, 2014, at which point, it was incidentally noted, that the applicant once again denied issues with nausea or heartburn in the review of systems section of the note. On October 28, 2014, the attending provider did note that the applicant was using Naprosyn at the top of its note and then went on to renew Voltaren at the bottom of the note.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Voltaren 100mg quantity 30 that was dispensed on 10/28/2014: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section; Anti-inflammatory Medication.

**Decision rationale:** While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Voltaren do represent the traditional first line of treatment for various chronic pain conditions, including chronic pain syndrome reportedly present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant was/is off of work. Permanent work restrictions have seemingly been renewed, unchanged, from visit to visit. Ongoing usage of Voltaren has failed to curtail the applicant's dependence on opioid agents such as tramadol. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Voltaren. Therefore, the request was not medically necessary.

**Protonix 20mg quantity 60 that was dispensed on 10/28/2014: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs).

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

**Decision rationale:** As noted on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants who are at heightened risk for gastrointestinal events who, by implication,

qualify for prophylactic usage of proton pump inhibitors include those individuals who are using multiple NSAIDs, here, the applicant was described on an October 28, 2014 progress note as using two separate NSAIDs, Naprosyn and Voltaren. The attending provider stated that the applicant was using Naprosyn in the current medication history section of the note and then went on to prescribe Voltaren at the bottom at the note. Prophylactically providing Protonix is, thus, indicated in light of the fact that the applicant is seemingly using two separate NSAIDs concurrently. Therefore, the request was medically necessary.

**Ultram ER 150mg quantity 60 that was dispensed on 10/28/2014:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was/is off of work. Permanent work restrictions imposed by a medical-legal evaluator remain in place, seemingly unchanged, from visit to visit. The attending provider failed to recount any meaningful, material improvements in function achieved as a result of ongoing Ultram (tramadol) usage. The applicant's commentary to the fact that he is having continued difficulty performing activities of daily living as basic as standing and walking, however, do not make a compelling case for continuation of Ultram (tramadol). Therefore, the request was not medically necessary.