MAXIMUS Federal Services

| Case Number: | CM14-0201827 | | |
|---|---|---|---|
| Date Assigned: | 12/23/2014 | Date of Injury: | 04/05/2012 |
| Decision Date: | 02/19/2015 | UR Denial Date: | 11/27/2014 |
| Priority: | Standard | Application Received: | 12/02/2014 |

## 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabn

## 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 41 year old female with an injury date on 04/05/2012. Based on the 10/28/2014 progress report provided by the treating physician, the diagnoses are:1. Left ankle chronic sprain syndrome with lateral ligament tear of ATM-and subjective instability. 2. Bilateral ankle tendonitis with plantar fasciitis following sprains.3. Left ankle sprain with strain of talofibular ligament 4. Bilateral plantar fasciitis with right ankle and knee strains (as per the AME of [redacted]) 5. Left sacroiliac dysfunction (as per Qualified Medical Evaluation, [redacted] with lumbar radiculitis with mild L4-L5 and L5-S1 discogenic disease According to this report, the patient complains of "continues to have moderate pain involving both lower extremities." Examination findings show swelling in the lateral aspect of the left ankle distal to the lateral malleolus. Tenderness is present over the right anterior and posterior talus fibular ligament. Straight leg test is positive at approximately 30 degree on both sides. Based on 09/23/2014 report, the patient complains of "continues to have symptoms affecting both ankles, both feet as well as occasional aching in her low back." The physical exam indicates "No change in examination is evident." The patient's work status is "As per PTP." The treatment plan is request for "authorization for left ankle arthroscopy with debridement and synovectomy and lateral ligament repair/reconstruction of the ATFL tear." The patient is to follow up on 12/02/2014, left ankle surgery requested per [redacted] bilateral orthotics is requested, drug screen, and medications (Voltaren, Protonix, and Ultram ER.) The patient's past treatment consists of "all conservative treatment, including rest, ice, medications, bracing, therapy and injection." The utilization review denied the request for (1) Voltaren 100 mg, thirty counts and

(2) Protonix 20 mg, sixty counts on 11/27/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 06/10/2014 to 12/02/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren 100 mg, thirty count:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Anti-inflammatory medications, Chronic pain; Non-steroidal anti-in.

**Decision rationale:** According to the 10/28/2014 report, this patient presents with low back and lower extremities pain. Per this report, the current request is for Voltaren 100 mg, thirty counts. This medication is first mentioned on 06/10/2014 report. The MTUS Guidelines page 22 reveal the following regarding NSAID's, "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."In reviewing the provided reports, the treating physician states "the medication is helpful." In this case, the treating physician has documented the efficacy of the medication as required by the MTUS guidelines. Therefore, the current request is medically necessary.

**Protonix 20 mg, sixty count:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PPI: NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** According to the 10/28/2014 report, this patient presents with low back and lower extremities pain. Per this report, the current request is for Protonix 20 mg, sixty count and this medication is first mentioned on 06/10/2014 report. The MTUS page 69 states under NSAIDs prophylaxis to discuss, GI symptoms & cardiovascular risk and recommendations are with precautions as indicated below. "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)."MTUs further states "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Review of the provided reports show that the patient is currently on Voltaren (a NSAID) and has no gastrointestinal side effects with medication use. The patient is not over 65 years old; no other risk factors are present. The treating physician does not mention if the patient is struggling with GI complaints and why the medication was prescribed.

There is no discussion regarding GI assessment as required by MTUS. The MTUS does not recommend routine use of GI prophylaxis without documentation of GI risk. In addition, the physician does not mention symptoms of gastritis, reflux or other condition that would require a PPI. Therefore, the request is not medically necessary.