

Case Number:	CM15-0130156		
Date Assigned:	07/16/2015	Date of Injury:	07/31/2014
Decision Date:	09/14/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	07/06/2015

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: Arizona, Michigan
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 36 year old male injured worker suffered an industrial injury on 7/31/2014. The diagnoses included left ankles sprain/strain, left ankle tendinosis, and early post-traumatic degenerative arthrosis of the left ankle. The diagnostics included left ankle x-rays and left ankle magnetic resonance imaging. The injured worker had been treated with physical therapy and medications. On 5/6/2015 the treating provider reported continued pain and stiffness of the left ankle. On exam there was induration and trace swelling of the left ankle with tenderness and limited painful range of motion. It was not clear if the injured worker had returned to work. The treatment plan included Axid 150mg #60, Tramadol 50mg #60 and Anaprox 550mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Axid 150mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The National Library of Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, NSAIDs, GI symptoms and Cardiovascular risk Page(s): 67-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)/Proton Pump Inhibitors (PPIs).

Decision rationale: Per the MTUS, Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors according to specific criteria listed in the MTUS and a selection should be made based on these criteria 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). Per the ODG, PPI's are "Recommended for patients at risk for gastrointestinal events. Prilosec (omeprazole), Prevacid (lansoprazole) and Nexium (esomeprazole magnesium) are PPIs. Healing doses of PPIs are more effective than all other therapies, although there is an increase in overall adverse effects compared to placebo. Nexium and Prilosec are very similar molecules. (Donnellan, 2010) In this RCT omeprazole provided a statistically significantly greater acid control than lansoprazole. (Miner, 2010) In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. Studies suggest, however, that nearly half of all PPI prescriptions are used for unapproved indications or no indications at all. Many prescribers believe that this class of drugs is innocuous, but much information is available to demonstrate otherwise. Products in this drug class have demonstrated equivalent clinical efficacy and safety at comparable doses, including esomeprazole (Nexium), lansoprazole (Prevacid), omeprazole (Prilosec), Pantoprazole (Protonix), dexlansoprazole (Dexilant), and rabeprazole (Aciphex). (Shi, 2008) A trial of omeprazole or lansoprazole had been recommended before prescription Nexium therapy (before it went OTC). The other PPIs, Protonix, Dexilant, and Aciphex, should be second-line. According to the latest AHRQ Comparative Effectiveness Research, all of the commercially available PPIs appeared to be similarly effective. (AHRQ, 2011)" Axid (Nizatidine) is a H2 blocker, however it is not clear from the medical records the rationale for the use of Axid instead of other first line recommended PPI's and there is also no indication that the injured worker is at increased risk for gastrointestinal events, therefore the request for Axid is not medically necessary.

Tramadol 50mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS discourages long term usage unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The documentation needs to contain assessments of analgesia, activities of daily living, adverse

effects and aberrant drug taking behavior. The documentation provided does not include a comprehensive pain assessment and evaluation, no evidence of functional improvement or and risk assessment for aberrant drug use. Therefore the request for Tramadol is not medically necessary.

Anaprox 550mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines for nonsteroidal anti-inflammatory drugs recommend use for acute conditions or for acute exacerbation of conditions for short term therapy. It is recommended at lowest dose for the shortest period in patient with moderate to severe pain. Specific recommendations include osteoarthritis, back pain, and may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis in with neuropathic pain. There also needs to be evidence of functional improvement. The documentation provided did not include evidence of an acute condition or an acute exacerbation. It was not clear how long this medication had been used for. There was no comprehensive pain assessment and evaluation substantiating benefit. Therefore Anaprox was not medically necessary.