

Case Number:	CM15-0141641		
Date Assigned:	07/31/2015	Date of Injury:	08/26/2013
Decision Date:	08/28/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/21/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 36 year old female who sustained an industrial injury on 8-26-13. She had complaints of left ankle pain. Progress report dated 6-9-15 reports continued complaints of left ankle pain, rated 7 out of 10. She also has complaints of compensatory right ankle pain rated 3 out of 10. She has pain with walking and inquired about custom orthotics. Diagnoses include: left ankle chronic strain with mild instability/arthritis with Achilles tendinopathy and neurologic findings left lower extremity, disproportionate. Plan of care includes: await approval of request for physical therapy, request custom orthotics, candidate for shock wave therapy, request for psychological evaluation, medication prescribed; cyclobenzaprine 7.5 mg three times per day, #90, hydrocodone 10 mg twice per day, #60, pantoprazole 20 mg twice per day, #60, Tramadol 100 mg twice per day, #60 and naproxen 550 mg twice per day #60 and initiated urine toxicology screen. The medications helps to improve tolerance to activity and function. Work status: permanent and stationary. Follow up in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 tablets of Pantoprazole 20mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Use of NSAIDs and SSRIs-Proton pump inhibitors Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-71.

Decision rationale: The claimant sustained a work-related injury in August 2013 and is being treated for bilateral ankle pain. When seen, she was having pain when walking. There was ankle tenderness and mild instability. Medications are referenced as allowing for activities of daily living including cooking and shopping and improved tolerance of activities such as exercise. The claimant has a history of gastrointestinal upset with non-steroidal anti-inflammatory medication. Medications were refilled and included Naproxen, tramadol ER, Norco, pantoprazole, and cyclobenzaprine. The total MED (morphine equivalent dose) was less than 120 mg per day. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant is being treated with Naprosyn, a nonselective NSAID medication, and has a history of gastrointestinal upset. In this clinical scenario, guidelines recommend use of a proton pump inhibitor such as pantoprazole which was therefore medically necessary.

90 tablets of Cyclobenzaprine 7.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42, 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), (2) Muscle relaxants Page(s): 41, 63.

Decision rationale: The claimant sustained a work-related injury in August 2013 and is being treated for bilateral ankle pain. When seen, she was having pain when walking. There was ankle tenderness and mild instability. Medications are referenced as allowing for activities of daily living including cooking and shopping and improved tolerance of activities such as exercise. The claimant has a history of gastrointestinal upset with non-steroidal anti-inflammatory medication. Medications were refilled and included Naproxen, tramadol ER, Norco, pantoprazole, and cyclobenzaprine. The total MED (morphine equivalent dose) was less than 120 mg per day. Flexeril (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with ongoing long term use and was not medically necessary.

60 tablets of Hydrocodone 10mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management of Opioids, Weaning of medications Page(s): 78, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work-related injury in August 2013 and is being treated for bilateral ankle pain. When seen, she was having pain when walking. There was ankle tenderness and mild instability. Medications are referenced as allowing for activities of daily living including cooking and shopping and improved tolerance of activities such as exercise. The claimant has a history of gastrointestinal upset with non-steroidal anti-inflammatory medication. Medications were refilled and included Naproxen, tramadol ER, Norco, pantoprazole, and cyclobenzaprine. The total MED (morphine equivalent dose) was less than 120 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain and improved activity tolerance including activities of daily living and ability to exercise. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.