

Case Number:	CM15-0149873		
Date Assigned:	08/13/2015	Date of Injury:	05/04/2011
Decision Date:	09/21/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/03/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 37 year old male who sustained an industrial/work injury on 5-4-11. He reported an initial complaint of right ankle pain. The injured worker was diagnosed as having status post open reduction and internal fixation (ORIF) of right ankle with hardware removal 1-2013 and early sympathetically maintained pain syndrome of right lower extremity. Treatment to date includes medication and diagnostics. Currently, the injured worker complained of right ankle pain of 7 out of 10. Per the primary physician's report (PR-2) on 6-25-15, exam noted tender right ankle, pain with range of motion, swelling, hyperalgesia, hyperesthesia from distal lower extremity to foot, otherwise unchanged. The requested treatments include Tramadol 150 mg, Naproxen 550 mg, Pantoprazole 20 mg, and Cyclobenzaprine 7.5 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150 mg, Qty 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram); Opioids Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Criteria for use of Opioids Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: This patient presents with chronic right ankle pain. The current request is for Tramadol 150 mg, Qty 60. Treatment to date includes medication and diagnostics. The patient is permanent and stationary. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." According to progress report 06/25/15, the patient presents with right ankle pain. Examination revealed tender right ankle, pain with range of motion, swelling, hyperalgesia, and hyperesthesia from distal lower extremity to foot. The patient report pain level as 7/10 with the use of medications the patient is able to participate in ADL's including light household duties, shopping for groceries, grooming and cooking. The treater states that Tramadol "facilitates average five point diminution in somatic pain with greater range of motion and greater tolerance of activities including exercise." The patient reports no side effects with medications and UDS are routinely administered with consistent results. In this case, the treating physician has provided adequate documentation including the 4A's as requirement by MTUS for opiate management. The request is medically necessary.

Naproxen 550 mg, Qty 90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: This patient presents with chronic right ankle pain. The current request is for Naproxen 550 mg, Qty 90. Treatment to date includes medication and diagnostics. The patient is permanent and stationary. MTUS Chronic Pain Medical Treatment Guidelines, pg. 22 for Anti-inflammatory medications states: 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. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. According to progress report 06/25/15, the patient presents with right ankle pain. Examination revealed tender right ankle, pain with range of motion, swelling, hyperalgesia, and hyperesthesia from distal lower extremity to foot. The patient has been utilizing Naproxen since January 2015. The treater documents that Naproxen has been effective in increasing range of motion and decreasing the "achy pain". Pain is decreased on average 3-4 points with the use of this medication. Given the conservative nature of NSAID medications, and the documentation of efficacy provided, continuation of this medication is substantiated. The request is medically necessary.

Pantoprazole 20 mg, Qty 90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

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

Decision rationale: This patient presents with chronic right ankle pain. The current request is for Pantoprazole 20 mg, Qty 90. Treatment to date includes medication and diagnostics. The patient is permanent and stationary. MTUS Chronic Pain Guidelines page 69 regarding NSAIDs, GI Symptoms & cardiovascular risk states, "Clinicians should weight 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)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." According to progress, report 06/25/15, the patient presents with right ankle pain. Examination revealed tender right ankle, pain with range of motion, swelling, hyperalgesia, and hyperesthesia from distal lower extremity to foot. The treater states that the patient has a history of GI upset with NSAID with no PPI, PPI at ad and bid dosing, but no GI upset with PPI at current dose, tid. The patient does have a history of ulcer and has failed 1st line PPI omeprazole as it was non-efficacious. Given the patient's past GI history and long-term use of NSAID, the requested Pantoprazole is prescribed in accordance with MTUS. This request is medically necessary.

Cyclobenzaprine 7.5 mg, Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: This patient presents with chronic right ankle pain. The current request is for Cyclobenzaprine 7.5 mg, Qty 90. Treatment to date includes medication and diagnostics. The patient is permanent and stationary. MTUS Chronic Pain Guidelines pages 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." According to progress, report 06/25/15, the patient presents with right ankle pain. Examination revealed tender right ankle, pain with range of motion, swelling, hyperalgesia, and hyperesthesia from distal lower extremity to foot. The treater states that Cyclobenzaprine decreases spasms for approximately 4-6 hours, facilitating marked improvement in ROM and overall pain is decreased. Although medication efficacy has been documented, the patient has been utilizing Cyclobenzaprine since at least 03/28/15 and MTUS recommends this medication only for a short period, no more than 2-3 weeks. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.