

Case Number:	CM15-0201533		
Date Assigned:	10/16/2015	Date of Injury:	05/08/2007
Decision Date:	12/04/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/13/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 42 year old male patient who reported an industrial injury on 5-8-2007. The diagnosis includes joint pain. Per the progress notes dated 9-16-2015, he had complaints of increasing pain in the right knee. The physical examination of the right knee revealed right knee effusion and popping at the medial joint line, tenderness over the patella tendon and tibial tubercle. The medications list includes Voltaren, Protonix and tramadol. He has undergone right knee arthroscopic surgery on 10/28/2013. He has had x-rays of the knees with normal findings; right knee MRI dated 8/10/15 which revealed medial meniscus tear and mucoid degeneration of the anterior cruciate ligament. His treatments were noted to include physical therapy; consultations, medication management, and modified work duties. The physician's requests for treatment were noted to include prescriptions for medications. The Request for Authorization, dated 9-17-2015, was noted for dispensed medications: Protonix 20 mg #60, Voltaren 100 mg #60, and Tramadol 50 mg #60, all with one refill each, for internal derangement knee. The Utilization Review of 9-28-2015 non-certified the request for Protonix 20 mg #60 with 1 refill, Voltaren 100 mg #60 with 1 refill, and Tramadol 50 mg #60 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Voltaren 100mg #60, refills 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain(updated 10/09/15)Anti-inflammatory medications Diclofenac.

Decision rationale: Diclofenac is an NSAID. According to the cited guidelines, 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. (Van Tulder-Cochrane, 2000). Patient had chronic right pain; therefore, use of NSAIDs is medically appropriate and necessary. However, per the cited guidelines A large systematic review of available evidence on NSAIDs confirms that Diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid Diclofenac because it increases the risk by about 40%. For a patient who has a 5% to 10% risk of having a heart attack that is a significant increase in absolute risk, particularly if there are other drugs that don't seem to have that risk. The response and failure of other NSAIDs like Naproxen and Ibuprofen (with full therapeutic doses) is not specified in the records provided. The medical necessity of retrospective Voltaren 100mg #60, refills 1 was not fully established as a first line NSAID due to its risk profile. Therefore this request is not medically necessary.

Retrospective Tramadol 50mg #60, refills; 1: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for neuropathic pain.

Decision rationale: Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and nor epinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003) Cited guidelines also state that, a recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain. Tramadol use is recommended for treatment of episodic exacerbations of severe pain. According to the records provided patient had chronic right knee pain. He has objective findings on the physical exam- right knee effusion and popping at the medial joint line, tenderness over the patella tendon and tibial tubercle. He has history of right knee arthroscopic surgery. There was objective evidence of conditions that can cause chronic

pain with episodic exacerbations. The request for retrospective Tramadol 50mg #60, refills; 1 was medically appropriate and necessary for this patient to use as prn during exacerbations.

Retrospective Protonix 20mg #60, refills; 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Protonix contains Pantoprazole, which is a proton pump inhibitor. Per the CA MTUS NSAIDs guidelines cited above, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in Patients at intermediate risk for gastrointestinal events. Patients at high risk for gastrointestinal events. Treatment of dyspepsia secondary to NSAID therapy. Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when (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). There is no evidence in the records provided that the patient has any abdominal/gastric symptoms with the use of NSAIDs. The records provided do not specify any objective evidence of gastrointestinal disorders, gastrointestinal bleeding or peptic ulcer. The medical necessity of retrospective Protonix 20mg #60, refills; 1 was not established for this patient.