

Case Number:	CM15-0028766		
Date Assigned:	02/20/2015	Date of Injury:	05/28/2010
Decision Date:	03/31/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/17/2015

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 53 year old female, who sustained an industrial injury on 5/28/10. She has reported bilateral upper extremities, low back and left foot/ankle injuries. The diagnoses have included global pain left ankle/foot and left knee medial meniscus tear and degenerative joint disease. Treatment to date has included physical therapy, left ankle injection, left knee arthroscopy and oral medications. (MRI) magnetic resonance imaging of left ankle performed on 7/24/14 revealed unremarkable osseous structures of the ankle without bone contusion or costochondral injury, trace synovitis of posterior tibialis tendon and flexor hallucis longus tendon sheaths, unremarkable Achilles tendon, unremarkable sinus Tarsi and normal lateral ankle ligaments and tendons; (MRI) magnetic resonance imaging of left foot performed same day revealed early degenerative joint disease at the medial cuneiform first metatarsal articulation, first metatarsal phalangeal articulation degenerative joint disease and small intermetatarsal bursal fluid collections. Currently, the injured worker complains of constant pain in left knee. Physical exam dated 12/19/14 revealed limp on left side, ambulating with cane, crepitus left knee and swelling of left knee. On 1/23/15 Utilization Review non-certified Protonix 20mg #60, noting the records do not indicate the injured worker suffers from gastrointestinal events and Ultram ER 150mg # 60, noting the lack of demonstrated efficacy and functional benefit from prior use of this medication. The MTUS, ACOEM Guidelines, was cited. On 2/11/05, the injured worker submitted an application for IMR for review of Protonix 20mg #60 and Ultram ER 150mg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 150mg #60: Upheld

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

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

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Ultram ER 150mg #60 is not medically necessary and appropriate.

Protonix 20mg #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 NSAIDs, GI Symptoms and Cardiovascular risk, Pages 68-69.

Decision rationale: Protonix medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Protonix namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The Protonix 20mg #60 is not medically necessary and appropriate.

