

<b>Case Number:</b>	CM15-0052824		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	12/21/2012
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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 40-year-old male, who sustained an industrial injury on 12/21/2012. Diagnoses have included instability of the ankle/foot. Treatment to date has included medication. Currently, the injured worker complained of pain in his right foot/ankle. Physical exam of the foot revealed that the injured worker had pain along the peroneus brevis tendon. There was some instability of the ankle and a little bit of difficulty with gait. Authorization was requested for Fenoprofen, Omeprazole and Tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fenoprofen 400mg: Qty 60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68, 71.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects,Page(s): 67-71.

**Decision rationale:** The claimant sustained a work-related injury in December 2012 and continues to be treated for right foot and ankle pain and has instability and difficulty ambulating. Tramadol is being prescribed at a total MED (morphine equivalent dose) of 60 mg per day. Oral NSAIDs (nonsteroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain. Dosing of fenoprofen is 300 - 600mg 3 to 4 times per day with a maximum daily dose of 3200mg. In this case, the requested dose is in within guideline recommendations and therefore medically necessary.

**Omeprazole 20mg: Qty 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk 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 December 2012 and continues to be treated for right foot and ankle pain and has instability and difficulty ambulating. Tramadol is being prescribed at a total MED (morphine equivalent dose) of 60 mg per day. In this case, the claimant does not have any identified risk factors for a gastrointestinal event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. There is no documented history of dyspepsia secondary to his non-steroidal anti-inflammatory medication therapy. The claimant is not being prescribed an SSRI (selective serotonin reuptake inhibitor) class medication. Therefore, the prescribing of a proton pump inhibitor such as omeprazole was not medically necessary.

**Tramadol 150mg: Qty 60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78, 93-94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

**Decision rationale:** The claimant sustained a work-related injury in December 2012 and continues to be treated for right foot and ankle pain and has instability and difficulty ambulating. Tramadol is being prescribed at a total MED (morphine equivalent dose) of 60 mg per day. In this case, the claimant is expected to have somewhat predictable activity related pain (i.e. incident pain) when standing and walking. Tramadol is a short acting 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. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of tramadol was medically necessary.