MAXIMUS Federal Services

Case Number:	CM15-0085561		
Date Assigned:	05/08/2015	Date of Injury:	02/25/2013
Decision Date:	06/22/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	05/05/2015

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: Arizona, 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:

The injured worker is a 55 year old male, who sustained an industrial injury on 2/25/2013. He reported falling down a ladder and injuring his left foot and ankle, left wrist and low back. Diagnoses have included discogenic lumbar condition, distal radial fracture, chronic pain syndrome, fracture to talus and fibula, equinus contracture of the ankle and pain in limb. Treatment to date has included left ankle surgery, left wrist surgery, physical therapy and medication. According to the progress report dated 3/25/2015, the injured worker complained of left ankle numbness. He reported that it was difficult to ambulate due to initial numbness. The numbness would go away with shaking his foot. Pain was rated 4-5/10. He complained of mild left knee pain. He complained of back pain and was using a back brace. Physical exam revealed tenderness of the medial ankle and lateral ankle. Authorization was requested for Naproxen, Aciphex and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs (NSAIDs) Page(s): 67-68, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on Naproxen for several months. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. The claimant had required the use of a PPI while on the medication. Pain level was stable for months and there was no indication of Tylenol failure. Continued use of Naproxen is not medically necessary.

Aciphex 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs) Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS and PPI Page(s): 68.

Decision rationale: According to the MTUS guidelines, Aciphex is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Furthermore, the continued use of Naproxen as above is not medically necessary. Therefore, the continued use of Aciphex is not medically necessary.

Tramadol ER 150mg #30: Upheld

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 Tramadol Page(s): 82-92.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. In this case, the claimant's pain score was not documented at the time of request. There was no mention of Tylenol or lower dose failure of Tramadol. The use of Tramadol was not justified and is not medically necessary.