

<b>Case Number:</b>	CM15-0086224		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	07/12/2014
<b>Decision Date:</b>	06/12/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic ankle pain reportedly associated with an industrial injury of July 12, 2014. In a Utilization Review report dated April 23, 2015, the claims administrator failed to approve requests for tramadol, Protonix, and Flexeril. A progress note dated March 12, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. In a RFA form dated May 6, 2015, the attending provider sought authorization for right ankle arthroscopy procedure. Norco, tramadol, naproxen, and Keflex were also endorsed. In an earlier progress note dated April 21, 2015, the applicant reported ongoing complaints of ankle pain, exacerbated by weight bearing and walking. Negotiating uneven terrain remained problematic. The applicant exhibited an antalgic gait. An ankle arthroscopy was sought. The applicant's work status was not clearly detailed. Medication selection and medication efficacy were not discussed. In a February 13, 2015 progress note, the applicant reported ongoing complaints of low back pain. The applicant also had issues with ankle pain. Standing and walking remained problematic it was reported. Once again medication selection and medication efficacy were not discussed or detailed. In an earlier note dated February 20, 2015, the applicant was given prescription for ibuprofen. In a physical therapy progress note dated December 10, 2014, it was stated that the applicant was using Norco, Colace, naproxen, and Valium as of that point in time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pantoprazole 20mg #90: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton pump inhibitors.

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

**Decision rationale:** No, the request for Protonix (pantoprazole), a proton pump inhibitor, was not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Protonix are indicated in the treatment of NSAID-induced dyspepsia, here, however, multiple progress notes, referenced above, made no mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone. Therefore, the request was not medically necessary.

**Tramadol HCL 150mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** Similarly, the request for tramadol, a synthetic opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status was not outlined on multiple progress notes, referenced above, suggesting that the applicant was not, in fact, working. The attending provider failed to outline any quantifiable decrements in pain or meaningful commentary or improvements in function (if any) effected as a result of ongoing tramadol usage. Therefore, the request was not medically necessary.

**Cyclobenzaprine 7.5mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

**Decision rationale:** Similarly, the request for cyclobenzaprine was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic

Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was, in fact, using a variety of other agents, including tramadol, naproxen, etc. Adding cyclobenzaprine or Flexeril to the mix was not recommended. It is further noted that the 90-tablet supply of cyclobenzaprine at issue represents treatment in excess of the short course of therapy for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.