

<b>Case Number:</b>	CM14-0149290		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	10/03/2013
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 45 year old male with an injury date of 10/03/13. Based on the 08/27/14 progress report provided by [REDACTED], the patient complains of right ankle and right foot pain. Examination to the right foot reveals a well-healed hypertrophy, nontender incision without signs of infection. There is some mild soft tissue swelling. There is some tenderness to palpation on midtarsal joints. Examination of the right ankle reveals no swelling, tenderness, effusion or instability. Patient walks with a slightly antalgic gait. He continues with his functional restoration and light duty activities. He is capable of semi-sedentary work, otherwise, he is temporarily totally disabled. Patient has been prescribed Tylenol #3 and Protonix on 08/06/14. Diagnosis 08/27/14- status post ORIF right foot Lisfranc injury with fracture of the second and third metatarsal 10/23/13- status post pin removal Dr. [REDACTED] is requesting Protonix 20 mg #30 and Tylenol #3- #60. The utilization review determination being challenged is dated 08/27/14. The rationale follows:- Protonix: "patient is not on NSAIDs and there is no documentation of dyspepsia."- Tylenol #3: "no evidence that patient has failed a trial of non-opioid analgesics." [REDACTED] is the requesting provider, and he provided treatment reports from 02/09/14 - 09/25/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Protonix 20mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Proton pump inhibitors

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

**Decision rationale:** The patient presents with right ankle and right foot pain. The request is for Protonix 20 mg #30. He is status post ORIF right foot Lisfranc injury with fracture and has been receiving functional restoration sessions. Regarding Protonix, or a proton pump inhibitor, MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present such as age greater 65; concurrent use of anticoagulants, ASA or high dose of NSAIDs; history of PUD, gastritis, etc. This medication also can be used for GI issues such as GERD, PUD or gastritis or GI issues. Recommendation is for denial. specific request, however Protonix I.V. for Injection is indicated for short-term treatment (7 to 10 days) of adult patients with gastroesophageal reflux disease (GERD) and a history of erosive esophagitis." In this case, the patient is not on any oral NSAIDs and there is documentation of any GI issues. This request is not medically necessary.

**Tylenol #3 #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tylenol with Codiene; Opioids, criteria for use: Therapeutic Trial.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, CRITERIA FOR USE OF OPIOIDS Page(s): 60,61,88-89,78.

**Decision rationale:** The patient presents with right ankle and right foot pain. The request is for Tylenol #3- #60. He is status post ORIF right foot Lisfranc injury with fracture and has been receiving functional restoration sessions. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, provider has not provided documentation pertinent to Tylenol#3. It is only mentioned in the list of prescriptions given on 08/06/14. There are no numerical scales used; the four A's are not specifically addressed including discussions regarding aberrant drug behavior and specific ADL's, etc. Given the lack of documentation as required by MTUS, this request is not medically necessary.