

Case Number:	CM14-0210189		
Date Assigned:	12/23/2014	Date of Injury:	05/29/2009
Decision Date:	02/19/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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 & Rehabn

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 the injury date of 05/29/09. Per physician's report 10/29/14, the patient has right ankle pain at 4/10. The patient is currently not working. The patient has had psychiatric consultation. Norco helps to decrease his pain by about 50% and help him to walk for longer periods of time. He uses anti-inflammatory with Protonix for GI protection. He utilizes Sentra p.m. medical food for assistance with sleep. He denies side effects with these medications. X-ray of the right ankle on 05/16/12 reveals 1) evidence of degenerative changes on the medial gutter of the right ankle 2) decreased joint space in the middle facet of the right subtalar joint. The patient is currently taking Sentra pm, Nabumetone, Pantoprazole and Norco. The diagnosis is pain in joint, ankle foot. Per 07/19/14 progress report, the patient reports mental problems, such as irritability, depression, pessimism, anxiety, fatigue, etc. The lists of diagnoses are: 1) Depressive disorder 2) Major depression 3) PTSD 4) Anxiety disorder 5) Cognitive disorder. Per 06/20/14 progress report, the patient has completed cognitive-behavioral therapy consultation for the treatment of chronic pain. The patient is taking Norco, Pantoprazole and Sentra PM. The utilization review determination being challenged is dated on 11/26/14. Treatment reports were provided from 04/17/13 and 12/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Nabumetone-Relafen 500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications and NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications; Medications for chronic pain Page(s): 22; 60-61.

Decision rationale: The patient presents with right ankle pain. The request is for NABUMETONE 500mg #60. The patient is currently taking Sentra pm, Nabumetone, Pantoprazole and Norco. The utilization review letter 05/29/09 indicates that the patient has been utilizing Nabumetone since June 2012. The MTUS Guidelines page 22 on antiinflammatory medication states that antiinflammatories are the traditional first line treatment to reduce pain so activity and functional restoration can resume, but long term use may not be warranted. MTUS page 60 on medications for chronic pain states that pain assessment and functional changes must also be noted when medications are used for chronic pain. In this case, the patient has been utilizing Nabumetone since June 2012. None of the reports mention medication efficacy as it relates to the use of Nabumetone. Given the lack of documented medication efficacy including decreased levels of pain and functional improvement while utilizing Nabumetone, the request of Nabumetone IS NOT medically necessary.

1 Prescription of Pantoprazole-Protonix 20mg #60 with 2 Refills: Upheld

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

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 pain. The request is for PANTOPROZOLE PROTONIX 20mg #60 with 2 refills. The patient has been utilizing Pantoprazole since at least 04/17/13. MTUS guidelines page 69 recommends prophylactic use of PPI's when appropriate GI assessments have been provided. The patient must be determined to be at risk for GI events, such as age > 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). In this case, the review of the reports does show that the patient has been on Nabumetone. The treater would like the patient to be on Pantoprazole with Nabumetone for GI protection, but does not provide a GI risk assessment. There is no description of any GI symptoms either. The requested Nabumetone is denied due to the lack of documentation of its efficacy. Therefore, the request of Pantoprazole IS not medically necessary.