

Case Number:	CM14-0073624		
Date Assigned:	07/16/2014	Date of Injury:	04/07/2010
Decision Date:	05/27/2015	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/20/2014

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: 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 63 year old male, who sustained an industrial injury on 4/7/10. The injured worker has complaints of right foot and ankle pain. The diagnoses have included chronic right ankle pain and ankle tendinitis. Treatment to date has included tramadol to help reduce right foot and ankle pain; elavil at nighttime helps with his chronic pain and helps him sleep better at night; omeprazole for epigastric discomfort; atenolol for his blood pressure; computerized tomography (CT) scan and physical therapy. The request was for tramadol extended release 150mg #60; pantoprazole 40mg #60 and atenolol 50mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86.

Decision rationale: The claimant is more than five years status post work-related injury and continues to be treated for chronic right ankle and right lower extremity pain. When seen, medications included tramadol being prescribed at a total MED (morphine equivalent dose) of 30 mg per day and reported as providing 4-5 hours of pain relief and allowing him to walk for longer periods of time. The claimant takes aspirin. The assessment references Pantoprazole as preventing a recurrence of heartburn, reflux, or abdominal pain. Physical examination findings included pain with right ankle range of motion, right lower leg tenderness and hypersensitivity, and chronic venous stasis changes. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tramadol ER is a sustained release formulation and would be used to treat baseline pain, which is present in this case. The requested dosing is within guideline recommendations. In this case, there are no identified issues of abuse or addiction and the medication is proving a decrease in pain with improved walking tolerance. Therefore, the continued prescribing of Tramadol ER is medically necessary.

Pantoprazole 40mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-71.

Decision rationale: The claimant is more than five years status post work-related injury and continues to be treated for chronic right ankle and right lower extremity pain. When seen, medications included tramadol being prescribed at a total MED (morphine equivalent dose) of 60 mg per day and reported as providing 4-5 hours of pain relief and allowing him to walk for longer periods of time. The claimant takes aspirin. The assessment references Pantoprazole as preventing a recurrence of heartburn, reflux, or abdominal pain. Physical examination findings included pain with right ankle range of motion, right lower leg tenderness and hypersensitivity, and chronic venous stasis changes. Guidelines recommend consideration of a proton pump inhibitor such as Protonix (Pantoprazole) for the treatment of dyspepsia secondary to NSAID therapy. In this case, the claimant is taking aspirin and the requesting provider documents preventing recurrent heartburn, reflux, or abdominal pain with medication use. Continued prescribing is medically necessary.

Atenolol 50mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation James PA, Oparil S, Carter BL, et al. 2014 Evidence-Based Guideline for the Management of High Blood Pressure in Adults: Report From the Panel Members Appointed to the Eighth Joint National Committee (JNC 8). JAMA. 2014;311 (5):507-520.

Decision rationale: The claimant is more than five years status post work-related injury and continues to be treated for chronic right ankle and right lower extremity pain. When seen, medications included tramadol being prescribed at a total MED (morphine equivalent dose) of 60 mg per day and reported as providing 4-5 hours of pain relief and allowing him to walk for longer periods of time. The claimant takes aspirin. The assessment references Pantoprazole as preventing a recurrence of heartburn, reflux, or abdominal pain. Physical examination findings included pain with right ankle range of motion, right lower leg tenderness and hypersensitivity, and chronic venous stasis changes. In terms of hypertension, guidelines recommend that the initial antihypertensive treatment should include a thiazide-type diuretic, calcium channel blocker, angiotensin-converting enzyme inhibitor, or angiotensin receptor blocker. Prescribing a beta-blocker such as atenolol as the initial treatment is not medically necessary.