

Case Number:	CM15-0018659		
Date Assigned:	02/06/2015	Date of Injury:	02/06/2001
Decision Date:	03/30/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	02/02/2015

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: California, Washington

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 47-year-old female who reported an injury on 02/06/2001. The mechanism of injury was not stated. The current diagnoses include long term use of medication and pain in a joint of the ankle/foot. The injured worker presented on 01/23/2015 for a followup evaluation with complaints of ongoing right ankle and foot pain with radiation into the right calf. The injured worker also reported muscle spasm and cramping. The injured worker was utilizing a home exercise regimen. Upon examination, there was normal muscle tone without atrophy in the bilateral upper extremities and bilateral lower extremities. There was no evidence of edema or tenderness. Recommendations included continuation of the current medication regimen of Relafen 500 mg, Protonix 20 mg, Norco 10/325 mg, and cyclobenzaprine 7.5 mg. The injured worker was also issued a prescription for ketamine 5% cream and Soma 350 mg. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone-relafen 500mg #90 DOS 11/21/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. In this case, it was noted that the injured worker has utilized the above medication since at least 08/2014. There is no documentation of objective functional improvement. Additionally, there was no frequency listed in the request. As such, the request is not medically appropriate.

2 Pantoprazole-protonix 20mg #60 DOS 11/21/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69..

Decision rationale: California MTUS guidelines state proton pump inhibitors are recommended for patients at an intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. There was no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the injured worker does not meet criteria for the requested medication. Additionally, there was no frequency listed in the request. As such, the request is not medically appropriate at this time.