

Case Number:	CM15-0118558		
Date Assigned:	06/26/2015	Date of Injury:	09/20/2013
Decision Date:	09/24/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/19/2015

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: 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 38-year-old male with an industrial injury dated 09-20-2013. The injured worker's diagnosis includes status post left middle finger amputation revision with improvement. Treatment consisted of prescribed medications and periodic follow up visits. In a progress note dated 05-20-2015, the injured worker presented for follow up evaluation. The injured worker reported discomfort at the amputation stump as well as cold sensitivity. Objective findings revealed full range of motion of left middle finger metacarpophalangeal (MCP) and proximal interphalangeal joint (PIP) joint and mild tenderness at the amputation stump. The treatment plan consisted of medication management and follow up evaluation. The treating physician prescribed Ultram ER 150mg #30, Protonix 20mg #60 and Voltaren 100mg #60, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work-related injury in September 2013 and is being treated for left finger pain after a third finger amputation with revision. When seen, he had improved and there was full range of motion with mild tenderness. He has a past medical history that included gastroesophageal reflux disease. Ultram ER (extended release tramadol) is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, an increased level of function, or improved quality of life. Continued prescribing is not medically necessary.

Protonix 20mg #60: Overturned

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, gastrointestinal symptoms & cardiovascular risk Page(s): 68-71.

Decision rationale: The claimant sustained a work-related injury in September 2013 and is being treated for left finger pain after a third finger amputation with revision. When seen, he had improved and there was full range of motion with mild tenderness. He has a past medical history that included gastroesophageal reflux disease. Guidelines recommend consideration of a proton pump inhibitor for the treatment of dyspepsia secondary to NSAID therapy. In this case, the claimant continues to take diclofenac at an excessive dose and has a history of gastroesophageal reflux disease. Continued prescribing of Protonix (pantoprazole) is medically necessary.

Voltaren 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-73. Decision based on Non-MTUS Citation Voltaren prescribing information.

Decision rationale: The claimant sustained a work-related injury in September 2013 and is being treated for left finger pain after a third finger amputation with revision. When seen, he had improved and there was full range of motion with mild tenderness. He has a past medical history that included gastroesophageal reflux disease. Oral NSAIDs (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Recommended dosing of Voltaren (diclofenac) is up to 150 mg per day. In this case, the requested dosing is in excess of guideline and accepted prescribing recommendations and cannot be accepted as being medically necessary.