

Case Number:	CM15-0171304		
Date Assigned:	09/11/2015	Date of Injury:	03/18/2014
Decision Date:	10/15/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/31/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 29-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of March 8, 2014. In a Utilization Review report dated July 31, 2015, the claims administrator failed to approve a request for Relafen and Protonix apparently prescribed and/or dispensed on or around July 20, 2015. The applicant's attorney subsequently appealed. On July 20, 2015, the applicant reported ongoing complaints of knee pain. The applicant was asked to start Naprosyn. Protonix was endorsed for cytoprotective effect (as opposed to actual symptoms of reflux). The applicant was asked to continue Tramadol. Work restrictions were endorsed. It was not stated whether the applicant was or was not working with said limitations in place. There was no seeming mention of Relafen usage on this date. On June 5, 2015, the applicant reported ongoing complaints of knee pain, 7/10 exacerbated by walking and driving. Ultram was endorsed. The applicant was returned to regular duty work (on paper) on this date, although it was not explicitly stated whether the applicant was or was not working. Once again, there was no mention the applicant was using Relafen on this date. On April 3, 2015, Ultram was endorsed. Once again, there was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relafen 750mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction, NSAIDs, specific drug list & adverse effects.

Decision rationale: No, the request for Relafen, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 72 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Relafen, an anti-inflammatory medication, is indicated in the treatment of osteoarthritis, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that the attending provider should be knowledgeable regarding prescription information and should adjust to dosing to the particular applicant and by further commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of the applicant specific variable such as "other medications" into his choice of recommendations. Here, however, the July 20, 2015 progress note at issue made no mention of the applicant's using Relafen on this date. Rather, it was stated that the applicant should employ another anti-inflammatory, Naprosyn for pain relief on that date. There was no mention made of the applicant using Relafen either on that date or on multiple preceding office visits, including those dated June 5, 2015, May 1, 2015, March 20, 2015, etc. It did not appear that the attending provider was knowledgeable regarding prescribing here, at least insofar as Relafen usage was concerned. Therefore, the request was not medically necessary.

Pantoprazole 30mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Similarly, the request for Protonix (Pantoprazole), a proton pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. The attending provider's July 20, 2015 progress note suggested that Pantoprazole (Protonix) has been employed for cytoprotective effect (as opposed to for actual symptoms of reflux). However, the applicant seemingly failed to meet criteria set forth on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines for prophylactic use of proton pump inhibitors such as Protonix. Specifically, the applicant was less than 65 years of age (age 29) was only using one NSAID, Naprosyn, had no known history of GI bleeding or peptic ulcer disease, was not using NSAIDs in conjunction with corticosteroids. The usage of Protonix for cytoprotective effect was not, thus, indicated here, per page 68 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.