

Case Number:	CM15-0178655		
Date Assigned:	09/18/2015	Date of Injury:	03/18/2009
Decision Date:	11/10/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/10/2015

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

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:

This is a 52 year old male with a date of injury of March 18, 2009. A review of the medical records indicates that the injured worker is undergoing treatment for mononeuritis, osteoarthritis of the ankle, chronic pain syndrome, and sprain and strain of the foot. Medical records dated May 5, 2015 indicate that the injured worker complains of right ankle pain rated at a level of 5 out of 10 with numbness, headache, depression, and insomnia. Records also indicate that medications decrease the pain from 6 out of 10 to 3 out of 10, and allow for increase in activity tolerance. A progress note dated August 10, 2015 notes subjective complaints of right ankle and leg pain rated at a level of 6 out of 10, rated at a level of 4 out of 10 at best, 5 out of 10 on average, and 3 out of 10 after medications. Per the treating physician (May 5, 2015), the employee has not returned to work. The physical exam dated May 5, 2015 reveals an antalgic gait and tenderness to palpation of the right ankle. The progress note dated August 10, 2015 documented a physical examination that showed slow walking with a cane, wearing an ankle-foot orthosis, and decreased and painful range of motion of the right ankle. Treatment has included right ankle surgery, sixteen sessions of physical therapy prior to ankle surgery (unable to tolerate physical therapy after surgery), four sessions of massage therapy, ten sessions of acupuncture, and three injections (unknown type), and medications (Tramadol 60mg two tablets each day, Relafen two tablets each day, and Neurontin 100mg six tablets each day since at least May of 2015; Vimovo 500-20mg and Pamelor 10mg since August of 2015). The treating physician documented that "There has been no misuse of medications". The original utilization review (August 19, 2015) non-certified a request for Vimovo 500-20mg #30, and partially

certified a request for Pamelor 10mg #30 (original request for #60), Neurontin 300mg #45 (original request for #90), and Tramadol 50mg #45 (original request for #90).

IMR ISSUES, DECISIONS AND RATIONALES

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

Pamelor 10 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Nortriptyline.

Decision rationale: According to the Official Disability Guidelines, nortriptyline is a tricyclic antidepressant that is recommended for chronic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. There is no documentation supporting any functional improvement with the continued long-term use of Pamelor. Pamelor 10 mg #60 is not medically necessary.

Neurontin 300 mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: The MTUS states that gabapentin is an anti-epilepsy drug which has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. An adequate trial period for gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. With each office visit the patient should be asked if there has been a change in the patient's pain symptoms, with the recommended change being at least 30%. There is no documentation of any functional improvement. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly. Neurontin 300 mg #90 is not medically necessary.

Tramadol 50 mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. A urine drug screen performed on 04/07/2015 was positive for inappropriately high amounts of Tramadol. Tramadol 50 mg #90 is not medically necessary.

Vimovo 500-20 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. Patients at intermediate risk for gastrointestinal events and no cardiovascular disease can be started on a non-selective NSAID with either a Proton Pump Inhibitor or a Cox-2 selective agent. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor esomeprazole. Vimovo 500-20 mg #30 is not medically necessary.