

Case Number:	CM15-0076311		
Date Assigned:	04/27/2015	Date of Injury:	08/22/2014
Decision Date:	06/30/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/21/2015

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, California

Certification(s)/Specialty: Family Practice

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 23 year old male, who sustained an industrial injury on 8/22/2014. He reported a right foot injury. Diagnoses have included right foot contusion with plantar fasciitis and minimally displaced fracture of the base of the second metatarsal of the right foot. Treatment to date has included injections, a CAM walker and medication. According to the progress report dated 1/29/2015, the injured worker continued to have moderate symptoms involving the plantar surface of his foot and was unable to stand for prolonged periods of time. Physical exam revealed some persistence of tenderness involving the plantar fascia. Authorization was requested for retrospective Protonix, Voltaren, Ultram ER and Neurontin. Per the doctor's note dated 2/26/15 patient had complaints of pain in right foot with tingling and numbness. Physical examination of the right foot revealed tenderness on palpation and positive Tinel sign. The medication list include Protonix, Ultram, Voltaren, and Neurontin. The patient had received Dexamethasone injection in right foot. The patient has had X-ray of the right foot on 2/28/15 that revealed adequate healing of fracture. Patient denies having nausea, vomiting, heart burn or constipation on review of system on 3/26/15. A recent detailed examination of the gastro-intestinal tract was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Protonix 20mg 1 tablet, two (2) times per day, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Request: Retrospective request for Protonix 20mg 1 tablet, two (2) times per day, #60. Per the CA MTUS NSAIDs guidelines cited below, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events. Patients at high risk for gastrointestinal events. Treatment of dyspepsia secondary to NSAID therapy." Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when "(1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." There is no evidence in the records provided that the patient has GI symptoms with the use of NSAIDs. Any current use of NSAIDs is not specified in the records provided. Patient denies having nausea, vomiting, heart burn or constipation on review of system on 3/26/15. A recent detailed examination of the gastrointestinal tract was not specified in the records provided. The records provided do not specify any objective evidence of GI disorders, GI bleeding or peptic ulcer. The Retrospective request for Protonix 20mg 1 tablet, two (2) times per day, #60 is not medically necessary in this patient.

Retrospective request for Ultram ER 150mg 1 tablet daily may increase to two (2) times per day, #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009), Page 75 Central acting analgesics: Page 82 Opioids for neuropathic pain.

Decision rationale: Retrospective request for Ultram ER 150mg 1 tablet daily may increase to two (2) times per day, #60 Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain." Tramadol can be used for chronic pain and for treatment of episodic exacerbations of severe pain. He reported a right foot injury. Diagnoses have included right foot contusion with plantar fasciitis and minimally displaced fracture of the base of the second metatarsal of the right foot. According to

the progress report dated 1/29/2015, the injured worker continued to have moderate symptoms involving the plantar surface of his foot and was unable to stand for prolonged periods of time. Physical exam revealed some persistence of tenderness involving the plantar fascia. Per the doctor's note dated 2/26/15 patient had complaints of pain in right foot with tingling and numbness. Physical examination of the right foot revealed tenderness on palpation and positive Tinel sign. Patient is already taking a NSAID. The patient is not taking any potent narcotics and there is no evidence of any medication abuse. The patient has chronic pain and the patient's medical condition can have intermittent exacerbations. Having tramadol available for use during sudden unexpected exacerbations of pain is medically appropriate and necessary. This request for Retrospective request for Ultram ER 150mg 1 tablet daily may increase to two (2) times per day, #60 is medically appropriate and necessary.

Retrospective request for Neurontin 600mg 1 tablet, two (2) times per day, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin, page 18.

Decision rationale: Retrospective request for Neurontin 600mg 1 tablet, two (2) times per day, #60. According to the CA MTUS Chronic pain guidelines regarding Neurontin/gabapentin, "has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Spinal cord injury: Recommended as a trial for chronic neuropathic pain. Lumbar spinal stenosis: Recommended as a trial, with statistically significant improvement found in walking distance, pain with movement, and sensory deficit. This medication appears to be effective in reducing abnormal hypersensitivity (allodynia and hyperalgesia), to have anti-anxiety effects, and may be beneficial as a sleep aid. He reported a right foot injury. Diagnoses have included right foot contusion with plantar fasciitis and minimally displaced fracture of the base of the second metatarsal of the right foot. According to the progress report dated 1/29/2015, the injured worker continued to have moderate symptoms involving the plantar surface of his foot and was unable to stand for prolonged periods of time. Physical exam revealed some persistence of tenderness involving the plantar fascia. Per the doctor's note dated 2/26/15 patient had complaints of pain in right foot with tingling and numbness. Physical examination of the right foot revealed tenderness on palpation and positive Tinel sign. The pt has chronic pain with a neuropathic component. The pt has abnormal objective findings and imaging study findings that are consistent with the pt's symptoms. Anticonvulsants or antiepileptics like gabapentin / Neurontin are medically appropriate and necessary in this patient. The cited guidelines support the use of Retrospective request for Neurontin 600mg 1 tablet, two (2) times per day, #60 in patients with this clinical situation therefore the request is medically necessary.

Retrospective request for Voltaren 100mg 1 tablet Daily, #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 Treatment Guidelines Anti-inflammatory medications page 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter Pain (updated 06/15/15) Diclofenac.

Decision rationale: Diclofenac belongs to a group of drugs called nonsteroidal anti-inflammatory drugs (NSAIDs). According to CA MTUS, Chronic pain medical treatment guidelines, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. (Van Tulder-Cochrane, 2000)" In addition as per cited guideline, diclofenac is "Not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%." Another meta-analysis supported the substantially increased risk of stroke with diclofenac, further suggesting it not be a first-line NSAID it should only be used for the shortest duration possible in the lowest effective dose due to reported serious adverse events. Post marketing surveillance has revealed that treatment with all oral and topical diclofenac products may increase liver dysfunction, and use has resulted in liver failure and death. In 2009 the FDA issued warnings about the potential for elevation in liver function tests during treatment with all products containing diclofenac sodium. (FDA, 2009) With the lack of data to support superiority of diclofenac over other NSAIDs and the possible increased hepatic and cardiovascular risk associated with its use, alternative analgesics and/or nonpharmacological therapy should be considered. The AGS updated Beers criteria for inappropriate medication use includes diclofenac. (AGS, 2012) Diclofenac is associated with a significantly increased risk of cardiovascular complications and should be removed from essential-medicines lists, according to a new review. Diclofenac is a NSAID. Short term use of a NSAID is considered first line treatment for musculoskeletal pain. HOWEVER, Diclofenac is not recommended as a first-line treatment and has increased risk of cardiovascular side effects. Patient is having chronic pain and is taking Diclofenac for this injury. Response to Diclofenac in terms of functional improvement is not specified in the records provided. The level of the pain with and without medications is not specified in the records provided. The need for Diclofenac on a daily basis with lack of documented improvement in function is not fully established. Any lab tests to monitor for side effects like renal dysfunction due to taking NSAIDS for a long period of time were not specified in the records provided. The Retrospective request for Voltaren 100mg 1 tablet Daily, #30 is not medically necessary for this patient.