

Case Number:	CM13-0022187		
Date Assigned:	11/13/2013	Date of Injury:	03/29/1994
Decision Date:	02/14/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	09/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 59-year-old female who reported an injury on 03/29/1994. The patient is currently diagnosed with lumbosacral spondylosis, degeneration of lumbar disc, lumbago, sciatica, depression, muscle spasm and long-term use of medications. The patient was seen by [REDACTED] on 08/12/2013. The patient reported continued severe lower back pain. Physical examination was not provided on that date. Treatment recommendations included the continuation of current medications, including Norco, diclofenac sodium cream, ketamine cream and Pantoprazole 20 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac sodium 1.5% 60gr: 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 Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and

anticonvulsants have failed. The only FDA-approved topical NSAID is diclofenac. It is indicated for the relief of osteoarthritis pain. It has not been evaluated for treatment of the spine, hip or shoulder. As per the clinical notes submitted, the patient has continuously utilized this topical analgesic. Despite ongoing use, the patient continues to report severe pain in the lower back. Additionally, there was no evidence of a failure to respond to first-line oral medications prior to the initiation of a topical analgesic. Based on the clinical information received, the request is non-certified.

Pantoprazole protonix 20mg: 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 Page(s): s 68-69.

Decision rationale: The California MTUS Guidelines state that proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factors and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. There is no evidence of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the patient does not meet the criteria for a proton pump inhibitor. Based on the clinical information received, the request is non-certified.