

Case Number:	CM13-0057855		
Date Assigned:	12/30/2013	Date of Injury:	03/09/2012
Decision Date:	04/29/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/25/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in Hawaii. 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/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:

This patient is a 61-year-old female with a date of injury of 3/9/2012. Medical documents indicate that the patient is undergoing treatment for left elbow pain (lateral epicondylitis), calcifying shoulder tendonitis, back pain, left hand and wrist pain. Subjective findings (10/14/2013) include left wrist, left elbow, and left shoulder pain and stiffness. Objective findings (10/22/2013) include focal tenderness of left medial/lateral epicondyles, carpal tunnel tenderness but negative/normal tincl and phalen signs, tenderness and induration over the left trapezius and rhomboid major, and left shoulder crepitus. Treatment has included extremity splinting, work restrictions, medications (volatren 100mg one tab per day, protonix 20mg one tab twice daily, ultram ER 150mg daily, Xanax 1mg twice daily), steroid injections, physical therapy, and platelet rich plasma injection. A utilization review dated 11/1/2013 non-certified the request for Protonix 20 MG, #60 and Voltaren 100 MG, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROTONIX 20 MG, #60: Upheld

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

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

Decision rationale: MTUS states "Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, Gastrointestinal (GI) bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." And "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective Non-Steroidal Anti-Inflammatory Drugs (NSAID)'S with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 Âµg four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." The medical documents provided do not establish the patient has having documented Gastrointestinal (GI) bleeding, perforation, peptic ulcer, high dose Non-Steroidal Anti-Inflammatory Drugs (NSAID)'S , or other GI risk factors as outlined in MTUS. As such, the request for Protonix 20 MG, #60 is not medically necessary.

VOLTAREN 100 MG, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific Drug List & Adverse Effects Page(s): 70-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67-69.

Decision rationale: Volteran is the name brand version of Diclofenac, which is a NSAID. MTUS specifies four recommendations regarding NSAID use: 1) Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. 2) Back Pain - Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. 3) Back Pain - Chronic low back pain: Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. 4) Neuropathic pain: There is inconsistent evidence for the use of these medications to treat longterm neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. The medical documents do not indicate that the patient is being treated for osteoarthritis. The treating physician does not document failure of primary (Tylenol) treatment. Importantly, (ODG) Official Disability Guidelines also states that diclofenac is "Not recommended as first line due to increased risk profile . . . If using diclofenac then consider discontinuing as it should only be used for the shortest duration possible in the lowest effective dose due to reported serious adverse events." As such, the request for Voltaren 100 MG, #30 is not medically necessary.