

<b>Case Number:</b>	CM13-0070533		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	08/28/2012
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### 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 Physical Medicine and Rehabilitation and is licensed to practice in California and Washington State. 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:

The injured worker is a 67 year old male who reported an injury on 08/28/2012 after injuring his right elbow during a fall at work. The physician on 02/23/2014 reviewed the injured worker's chart and noted six sessions of acupuncture and six sessions of physical therapy had been completed as part of conservative care. Pain is 8/10 to the right elbow. Motrin and Vicodin are the prescribed medications. The physician determined a diagnosis of right elbow torn ulnar collateral ligament and prescribed Motrin and Vicodin. The physician is looking to also prescribe Protonix, Voltaren and topical lotion. The request for authorization form and rationale were not provided for review in these documents.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PROTONIX:** 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 and Cardiovascular Risks Page(s): 68.

**Decision rationale:** The CA MTUS Guidelines for GI symptoms state that non-selective NSAIDs should be used with either a PPI (Proton Pump Inhibitor, for example, 20 mg

omeprazole daily) or misoprostol (200 g four times daily) or a Cox-2 selective agent when the patient falls into the following category: (1) age greater than 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. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. Protonix is a proton pump inhibitor. However, the injured worker does not complain of any gastric issues other than a generic description of heartburn. The injured worker is tolerating Vicodin and his profile does not make him a candidate for gastrointestinal events. As such, the request for Protonix is not medically necessary.

**VOLTAREN:** 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 NSAID's Page(s): 71.

**Decision rationale:** According to the CA MTUS Guidelines for Voltaren, this medication is for pain brought on by osteoarthritis as it inhibits prostaglandin synthesis by decreasing the activity of the enzymes COX-1 and COX-2, which results in decreased formation of prostaglandins involved in the physiologic response of pain and inflammation. Besides the well-documented gastrointestinal side effects of NSAIDs, there are other less well known side effects of NSAIDs such as possible delay in healing of all the soft tissues, including muscles, ligaments, tendons, and cartilage as well as increases in blood pressure. The increase in use of NSAID's is presenting more and more side effect issues As such, the request for Voltaren is not medically necessary.

**TOPICAL LOTION:** 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 Topical Analgesics Page(s): 111.

**Decision rationale:** CA MTUS Guidelines for topical analgesics note they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The compounding of the topical lotion was not listed. Since it cannot be determined if compounding of any of the drugs or drug class is recommended in total, the request is not medically necessary.