

Case Number:	CM14-0102305		
Date Assigned:	09/16/2014	Date of Injury:	05/08/2012
Decision Date:	11/14/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/02/2014

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 family Medicine, and is licensed to practice in New Jersey. 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 worker is a 28 year old male who was injured on 5/8/2012. He was diagnosed with bilateral shoulder arthritis, left shoulder adhesive capsulitis, and cervicgia. He was also diagnosed with ankylosing spondylitis with thoracic sprain/strain, lumbar sprain/strain, sciatica, lumbar disc displacement associated with this. Insomnia and depression were also a result of his chronic pain. He was treated with NSAIDs, sleep aids, muscle relaxants, opioids, antidepressants, acetaminophen, chiropractic treatments, physical therapy, a functional restoration program, and surgery (left shoulder). On 4/11/14, the worker was seen by his pain specialist for a follow-up complaining of continuing left shoulder and back pain (reported at 8/10 on the pain scale) as well as depression and bilateral heel pain without any change in his symptoms since his last appointment. He also reported his medications (Pantoprazole, Colace, Tylenol, Naproxen, Ambien, topical Diclofenac, and sertraline) help reduce his pain and improve his function (no details provided). He reported doing stretching exercises. He was then recommended to continue his then current medications as previously prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole-Protonix 20mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

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

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. In the case of this worker, his NSAID use (naproxen sodium) seems to be the only factor that might raise his gastrointestinal risk, but this isn't sufficient alone to warrant chronic use of a PPI such as pantoprazole. There was no other evidence showing the worker has intermediate to high risk for an event. Also, there are other anti-acid medications that could be used as alternatives to pantoprazole. Therefore, the pantoprazole is not medically necessary to continue.

Naproxen Sodium/Anaprox 550mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if Acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, at risk for gastrointestinal bleeding. In the case of this worker, the records state that he was diagnosed with ankylosing spondylitis, which alone might warrant chronic use of NSAIDs, however with consideration of long-term side effects. The ankylosing spondylitis was not connected to his shoulder injury. For a shoulder injury, however, chronic use of Naproxen seems beyond its recommended use as he had been using it (chronically). Therefore, the Naproxen is not medically necessary.

Ambien 5mg Qty 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disabilities guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness section, Ambien AND insomnia treatment

Decision rationale: The MTUS Guidelines do not address the use of sedative hypnotics. However, the ODG states that sedative hypnotics are not recommended for long term use, but

may be considered in cases of insomnia for up to 6 weeks duration in the first two months of injury only in order to minimize the habit-forming potential and side effects that these medications produce. In the case of this worker, he had been using Ambien for insomnia, however, there was insufficient reporting in the documents stating how he used it and if it was effective or not. Either way, the worker, had been using it beyond the recommended duration of use. Therefore, the Ambien is not medically necessary to continue. Other sleep aids can be considered if insomnia continues to be an issue.

Diclofenac sodium 1.5% cream 60gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (Diclofenac). Ketoprofen is not currently one of the topical NSAIDs available that is FDA approved, and it has a high incidence of photo contact dermatitis. All topical NSAID preparations can lead to blood concentrations and systemic effect comparable to those from oral forms and caution should be used for patients at risk, including those with renal failure and hypertension. In the case of this worker, he had been using topical Diclofenac chronically. It is unclear as to which body area (low back or shoulder, or other) he used this medication. Using a topical NSAID in conjunction with an oral NSAID without clear reasoning seems redundant and medically unnecessary. Without documented evidence to suggest this worker is an exception as well as evidence to show a connection with the use of this medication and his injury, the topical Diclofenac is not medically necessary to continue.