

Case Number:	CM14-0013129		
Date Assigned:	03/07/2014	Date of Injury:	12/03/2010
Decision Date:	06/30/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	02/03/2014

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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 claimant is a 56-year-old female who sustained injuries to her right shoulder, bilateral knees, and right ankle on 12/03/10. The records provided for review include a recent progress report of 11/27/13 that diagnosed the claimant with right shoulder adhesive capsulitis with a rotator cuff tear, osteoarthritis to the right knee and a ligamentous strain to the right ankle. There is documentation of a prior surgical arthroscopy of the right knee on two occasions, first in March of 2011 followed by June of 2011. Recent clinical treatment has included medication management, corticosteroid injections to the shoulder as well as viscosupplementation injections to the knee. Based on the claimant's current diagnosis, the recommendations was made for continuation of medications to include Voltaren and Protonix.

IMR ISSUES, DECISIONS AND RATIONALES

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

VOLTAREN ER 100 MG # 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs (NSAIDs)-Nonselective diclofenac Page(s): 70-73.

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, continued use of Voltaren, a nonsteroidal antiinflammatory agent, in this setting would not be indicated. The Chronic Pain Guidelines recommend the use of nonsteroidal medications in the lowest dose possible for the shortest duration possible. This individual does not have any documentation of any improvement or documentation of benefit with usage of Voltaren. There is indication of other forms of treatment currently being utilized including injection therapy. The acute need of nonsteroidal medications at this length of time from injury would not be indication.

PROTONIX 20 MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

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

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines also would not support the continued use of Protonix. In regards to protective GI medications, the Chronic Pain Guidelines indicate a need to establish significant risk factor for the individual. This 56-year-old individual currently does not meet any guideline criteria for associated GI risk factor. Thus there would be no indication for supportive use of a proton pump inhibitor in this individual's chronic course of care.