

Case Number:	CM14-0148057		
Date Assigned:	09/18/2014	Date of Injury:	06/22/2013
Decision Date:	12/24/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/11/2014

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 Practice, has a subspecialty in Preventative Medicine 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 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 is a 44-year-old female claimant who sustained a work injury on June 21, 2013 involving the neck and wrist. She was diagnosed with cervical spondylosis and carpal tunnel syndrome. She had previously used oral analgesics (opioids and NSAIDs) and topical Ketamine cream. A progress note on June 26, 2014 indicated the claimant had undergone her sixth week of a functional restoration program. She did have painful symptoms of the upper extremities with repetitive usage. She was diligent with physical therapy. Exam findings were notable for tenderness in the cervical paraspinal muscles. She did have some reproducible neuropathic pain in the right arm. The treating physician continued Naproxen, topical ketamine, Protonix and Nabumetone. A request was made in September 2014 for the use of topical Voltaren gel and continuing Protonix.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% gel: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111 - 112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. 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. Voltaren gel is a topical NSAID. According to the guidelines topical Voltaren gel has not been evaluated for the treatment of the spine, hip or shoulders. It is indicated for the relief of osteoarthritis in the joints. In this case there is no indication of osteoarthritis. Length and location of use was not specified. The Voltaren gel is not clinically necessary and therefore not medically necessary.

Pantoprazole-Protonix 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

Decision rationale: According to the MTUS guidelines, Protonix is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Therefore, the continued use of Protonix is not medically necessary.