

<b>Case Number:</b>	CM14-0179666		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	11/28/2011
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 Occupational 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 53-year-old female with an 11/28/2011 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 9/15/14 noted subjective complaints of discomfort with weakness, numbness and tingling in both upper extremities. Objective findings included bilateral wrist tenderness over the palmar surface. There is no shoulder tenderness or crepitation. It is noted that the patient is on Protonix due to patient's history of gastritis and to prevent gastric ulceration given the need for NSAID medication. Diagnostic Impression: bilateral carpal tunnel syndrome and bilateral shoulder tendonitis. Treatment to Date: medication management, physical therapy, and home exercise. A UR decision dated 10/17/14 denied the request for Voltaren 100 mg #30. The request is not reasonable as patient has been on long term NSAID without any documentation of significant derived benefit through prior long term use. It also denied Protonix 20 mg #60. The patient is not at intermediate risk of GI event and the request is not reasonable.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren 100mg #30 dispensed 9/15/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**Decision rationale:** CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. However, ODG states that Voltaren is not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. Additionally, given the 2011 original date of injury, it is unclear how long the patient has been on NSAIDs. Guidelines do not recommend the chronic use of NSAIDs, especially in the absence of specific objective documentation of derived benefit from its use. Therefore, the request for Voltaren 100 mg #30 dispensed 9/15/2014 was not medically necessary.

**Protonix 20mg #60 dispensed 9/15/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 71.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Protonix)

**Decision rationale:** CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. However, in the documents available for review, it is noted that the patient is no Protonix for prevention of gastric ulceration due to a history of NSAID-induced gastritis. However, since the continued use of NSAIDs is not certified, the continuation of Protonix is unnecessary. Therefore, the request for Protonix 20 mg #60 dispensed 9/15/2014 was not medically necessary.