

Case Number:	CM14-0184962		
Date Assigned:	11/12/2014	Date of Injury:	12/13/2002
Decision Date:	12/30/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	11/06/2014

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 Physical Medicine and Rehabilitation 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:

The underlying date of injury in this case is 12/13/2002. The date of the utilization review under appeal is 10/10/2014. The initial physician review of 10/10/2014 recommended modification of Pantoprazole since it is not a first-line medication such as Omeprazole. This reviewer certified Voltaren. The diagnoses in this case are gait abnormality and patellofemoral pain syndrome. On 09/16/2014, a physician progress report noted the patient had ongoing pain from patellofemoral syndrome and a gait disorder. There was nothing to indicate that Diclofenac was effective and that the patient was also taking Protonix for anti-acid effects to treat gastric irritation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole Sodium DR 20mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications and Gastrointestinal Symptoms Page(s): 68.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on anti-inflammatory medications and gastrointestinal symptoms, recommend the clinician should determine if the patient is at risk for gastrointestinal events. An

initial physician review in this case indicated there was no indication as to why an alternate or "first-line" gastric protective agent was not used. The treatment guideline does not specifically distinguish among these gastric protective agents. The guidelines have been met to support the request for this item. This request is medically necessary.

Voltaren XR 100mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medication Page(s): 68.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on anti-inflammatory medications, state that anti-inflammatory medications are the traditional first line of treatment to reduce pain so functional restoration can resume. The guidelines do support this medication. An initial physician review additionally supports this request; it appears that a clerical error in the independent medical review request procedure may have resulted in listing Voltaren as part of the independent medical review. Again, this request is medically necessary.