

Case Number:	CM14-0027699		
Date Assigned:	06/13/2014	Date of Injury:	03/07/2007
Decision Date:	07/16/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/04/2014

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 Internal Medicine, has a subspecialty in Emergency Medicine and is licensed to practice in Florida. 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 patient is a 58 year-old with a date of injury of 03/07/07. A progress report associated with the request for services, dated 02/03/14, identified subjective complaints of bilateral shoulder pain. It was noted that there were no new problems or side-effects. Objective findings included tenderness to palpation as well as decreased range-of-motion of both shoulders. Diagnoses included shoulder pain, status post right RCT repair and cervical pain left shoulder, significantly improved. Treatment has included physical therapy, topical NSAIDs, and Protonix and Senekot. Discussion of requested services included a proton pump inhibitor for GERD symptoms that were described as reduced on the medication; also, Senekot for constipation that has also helped his symptoms. A Utilization Review determination was rendered on 02/12/14 recommending non-certification of "Voltaren 1% gel Qty: 9.00; Senokot-s tablet 8.6-50mg Qty: 180.00; and Protonix 40mg Qty: 90.00".

IMR ISSUES, DECISIONS AND RATIONALES

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

VOLTAREN 1% GEL QTY: 9.00: 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): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical Analgesics.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines state that topical analgesics are recommended as an option in specific circumstances. However, they do state that they are "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." Voltaren (Diclofenac) is an NSAID being used as a topical analgesic. The MTUS Guidelines note that the efficacy of topical NSAIDs in clinical trials has been inconsistent and most studies are small and of short duration. Recommendations primarily relate to osteoarthritis where they have been shown to be superior to placebo during the first two weeks of treatment, but either not afterward, or with diminishing effect over another two week period. The Guidelines also state that there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. They are indicated for relief of osteoarthritis pain in joints that lend themselves to treatment (ankle, elbow, foot, hand, knee, and wrist). In neuropathic pain, they are not recommended as there is no evidence to support their use. The Official Disability Guidelines (ODG) also does not recommend them for widespread musculoskeletal pain. In this case, there is no documentation of the failure of conventional therapy or documented functional improvement for the medical necessity of Voltaren (Diclofenac) as an NSAID topical agent. Additionally, it is not recommended for the shoulder.

SENOKOT-S TABLET 8.6-50MG QTY: 180.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: www.Senekot.com.

Decision rationale: Senekot-S is a laxative consisting of a natural stimulant, senna, and a stool softener, docusate. The Medical Treatment Utilization Schedule (MTUS) does not address laxatives for constipation. The non-certification noted Senekot-S is a laxative. No reason was given to deny the medication. The record does document chronic constipation that has responded to Senekot-S. Therefore, the record does document the medical necessity for Senekot-S.

PROTONIX 40MG QTY: 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Proton Pump Inhibitors.

Decision rationale: Protonix (Pantoprazole) is a proton pump inhibitor (PPI) antacid indicated for the treatment of persistent heartburn caused by acid reflux disease. The Official Disability Guidelines note that PPIs are recommended for patients at risk for gastrointestinal events. They further note that PPIs should be used at the lowest possible dose for the shortest possible time due to potential side-effects. They also state that a trial of omeprazole (Prilosec) or Lansoprazole (Prevacid) is recommended before Nexium therapy. The other PPIs including Protonix and Aciphex are also second-line. The documentation indicates that Protonix is being used for GERD. There is no documentation that a trial of omeprazole or Lansoprazole has failed. Therefore, the medical record does not document the medical necessity for Protonix (Pantoprazole).