MAXIMUS Federal Services

Case Number:	CM14-0033704		
Date Assigned:	06/20/2014	Date of Injury:	09/10/2012
Decision Date:	07/22/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/17/2014

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 & Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 47-year-old female who reported an injury on 09/10/2012. The mechanism of injury was not provided within the medical records. The clinical note dated 05/18/2014 indicated a diagnoses of left hip trochanteric bursitis with labral tear. The injured worker reported left hip pain. On physical examination, the injured worker ambulated with a mild antalgic gait. The injured worker had a left hip impingement sign that was negative. The injured worker's apprehension sign was questionably positive on the left. The injured worker's hip range of motion was unrestricted. The prior treatments included diagnostic imaging, physical therapy and medication management. The injured worker's medication regimen included Voltaren and Protonix. The provider submitted a request for Voltaren and Protonix. A Request for Authorization dated 03/18/2014 was submitted for Voltaren and Protonix; however, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 100 Mg # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The California Chronic Pain Medical Treatment Guidelines state Voltaren is indicated for osteoarthritis, ankylosing spondylitis and mild to moderate pain. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. There is lack of documentation of efficacy and functional improvement with the use of this medication. Furthermore, the request did not indicate a frequency for the medication. Therefore, the request for Voltaren is not medically necessary.

Protonix 20 Mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The California Chronic Pain Medical Treatment Guidelines recommend the use of proton pump inhibitors if there is a history of gastrointestinal bleeding or perforations, a prescribed high dose of NSAIDs and a history of peptic ulcers. There is also a risk with long-term utilization of PPI (> 1 year) which has been shown to increase the risk of hip fracture. Although the injured worker is taking an NSAID, the medical documentation did not indicate the injured worker had gastrointestinal symptoms. In addition, did not appear the injured worker had a peptic ulcer, GI bleeding or perforation. In addition, there is a risk with long term utilization of PPI to increase the risk of hip fractures. Furthermore, the provider did not indicate a frequency for the Protonix; therefore, the request for Protonix is not medically necessary.