

<b>Case Number:</b>	CM14-0039172		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	03/29/1994
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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, Pulmonary Diseases 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 injured worker is a 60-year-old female who reported an injury on 03/29/1994. The mechanism of injury was not provided within the medical records. The clinical note dated 03/05/2014 indicated diagnoses of spondylosis, lumbosacral; degeneration of the lumbar disc; lumbago; sciatica; depression; spondylosis of the lumbosacral; spasm, muscle; long-term use of meds; and therapeutic drug monitor. The injured worker reported axial low back pain with intermittent right lower extremity pain in the posterior aspect that radiated to the ankle with numbness and tingling. The injured worker was able to stand and move around intermittently. The injured worker reported she used Norco with relief. On physical examination, the injured worker reported pain in the neck, anxiety and depression. The injured worker had slightly limited lumbar flexion, extension, bilateral lateral bending and rotation to the right and left. The injured worker's prior treatments included diagnostic imaging and medication management. The injured worker's medication regimen included diclofenac, hydrocodone/APAP, Protonix, Colace, and Soma. The provider submitted a request for topical diclofenac cream and pantoprazole. A Request for Authorization was not submitted for review to include the date the treatment was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical diclofenac cream:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory agents (NSAIDs).

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

**Decision rationale:** The California Chronic Pain Medical Treatment Guidelines state topical analgesics 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. The guidelines also indicate any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Diclofenac is an NSAID indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. The guidelines also state Diclofenac is recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The injured worker has been prescribed diclofenac since at least 01/07/2014. This exceeds the guidelines recommendation of 4 to 12 weeks. In addition, it was not indicated in the documentation submitted that the injured worker had failed trials of antidepressants and anticonvulsants. Furthermore, there was a lack of documentation of efficacy and functional improvement with the use of this medication. Moreover, the request did not indicate a dosage, frequency, or quantity for this medication. Therefore, the request for topical diclofenac cream is not medically necessary and appropriate.

**Pantoprazole:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Proton pump inhibitors (PPI's).

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

**Decision rationale:** The CA MTUS 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 utilizing opioids, there is a lack of documentation of efficacy and functional improvement with the use of this medication. In addition, there is a lack of documentation submitted to indicate the injured worker had findings that would support she was at risk for gastrointestinal bleeding or perforations. Furthermore, the request did not indicate a dosage, frequency, or quantity. Therefore, the request for Pantoprazole is not medically necessary and appropriate.