

Case Number:	CM14-0041091		
Date Assigned:	06/27/2014	Date of Injury:	03/29/1994
Decision Date:	08/15/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/07/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 29, 1994. The applicant has also alleged derivative issues such as depression. Thus far, the applicant has been treated with the following: Analgesic medications, psychotropic medications; topical compounds; and imposition of permanent restrictions which have apparently resulted in the applicant's removal from the workplace. In a Utilization Review Report dated March 25, 2014, the claims administrator denied a request for topical diclofenac gel and Protonix. In a progress note dated February 4, 2014, the applicant was described as having persistent complaints of low back pain with derivative complaints of anxiety and psychological stress. The applicant stated that she had lost 80 pounds, which had made her pain more tolerable. The applicant is using Norco six times daily. On January 7, 2014, the applicant was described as using topical diclofenac, oral Norco, and oral Protonix. The applicant's problem list included sciatica, depression, lumbago, and chronic low back pain. The applicant reported constipation in the GI review of systems, but reportedly denied heartburn, nausea, abdominal pain, melena, and/or hematemesis. The applicant was described as stable with use of Norco six times daily. The applicant was permanent and stationary with permanent disability, it was stated. On July 25, 2006, it was stated that the applicant had been unemployed for the preceding 11 years and was, at that point, using Soma, Seroquel, Vicodin, Prozac, and Ambien. The applicant was still smoking and drinking, it was acknowledged. In an appeal letter dated March 14, 2014, the applicant was described as having persistent complaints of low back pain. The attending provider stated that the applicant was using Protonix for GI prophylaxis purposes, in one section of the report.

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: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Diclofenac section Page(s): 112.

Decision rationale: As noted on page 112 of the MTUS Chronic Medical Treatment Guidelines, topical diclofenac is indicated in the treatment of small joint arthritis in joints which lend themselves toward topical applications, such as, for instance, the knees, ankles, feet, hands, wrists, etc. Topical diclofenac has not been evaluated for the spine, hip, or shoulder. In this case, however, the applicant's primary pain generator is, in fact, the spine (low back). Topical diclofenac has not been evaluated in the treatment of the same. The applicant, moreover, is described as using first-line oral pharmaceuticals, including Norco, without incident, effectively obviating the need for the topical diclofenac cream in question. Therefore, the request is not medically necessary.

Pantoprazole: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic Page(s): 68-69.

Decision rationale: While page 69 of the MTUS Chronic Medical Treatment Guidelines does suggest that proton pump inhibitors such as Protonix are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, the information on file does not establish the presence of any active symptoms of reflux, heartburn, and/or dyspepsia which would support ongoing usage of Protonix. The applicant was specifically described as denying heartburn in the review of systems section of several reports, referenced above. The attending provider later indicated in an appeal letter that the applicant was using Protonix for gastrointestinal protective purposes. However, the applicant does not meet criteria set forth on page 68 of the MTUS Chronic Medical Treatment Guidelines for prophylactic usage of proton pump inhibitors. Specifically, the applicant is not 65 years of age or greater (age 59). The applicant does not appear to be using multiple NSAIDs. The applicant does not appear to be using any oral NSAIDs, it is further noted. Rather, the applicant is using oral Norco and topical Voltaren. Furthermore, the applicant does not appear to be using NSAIDs in conjunction with corticosteroids. For all of the stated reasons, then, prophylactic usage of pantoprazole (Protonix) is not indicated. Therefore, the request is not medically necessary.

