

Case Number:	CM14-0041196		
Date Assigned:	06/30/2014	Date of Injury:	12/09/2011
Decision Date:	08/19/2014	UR Denial Date:	03/17/2014
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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 46 year old male injured on 12/09/11 while carrying heavy objects up a set of stairs. The injured worker underwent partial meniscectomy and recent correction of horizontal tear of the posterior horn of the medial meniscus on 02/14/14. The injured worker is to complete 12 sessions of post-operative physical therapy. Clinical note dated 06/13/14 indicated the injured worker complained of significant weakness and discomfort particularly with kneeling and squatting. Medications included Nabumetone-Relafin 500mg twice a day, diclofenac sodium .5% 60g three times a day, pantoprazole-Protonix 20mg twice a day, and Tylenol extra strength 500mg as needed. Physical examination of the right knee revealed no erythema or swelling, no crepitus, minimal tenderness to palpation along the joint line and inferior patella tendon, increased tenderness along the medial aspect, and slight tenderness with both varus and valgus stress. The initial request for pantoprazole-Protonix 20mg #60 and diclofenac sodium 1.5% 60 grams anti-inflammatory cream #1 was non-certified on 03/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole-protonix 20mg Quantity 60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: As noted in the Official Disability Guidelines - Online version, Pain Chapter, proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Documentation indicates the injured worker has a history of prolonged non-steroidal anti-inflammatory drugs and narcotics use indicating the potential for gastric irritation and need for protection. As such, the request for Pantoprazole-protonix 20mg Quantity 60 is recommended as medically necessary.

Diclofenac Sodium 1.5% 60grm Anti-inflammatory cream Quantity 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page(s) 111 Page(s): 111.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, diclofenac sodium is not recommended as a first-line treatment. Diclofenac is recommended for osteoarthritis after failure of an oral non-steroidal anti-inflammatory drugs, contraindications to oral non-steroidal anti-inflammatory drugs, or for patients who cannot swallow solid oral dosage forms, and after considering the increased risk profile with diclofenac, including topical formulations. According to Food and Drug Administration MedWatch, postmarketing surveillance of diclofenac has reported cases of severe hepatic reactions, including liver necrosis, jaundice, fulminant hepatitis with and without jaundice, and liver failure. As such the request for Diclofenac Sodium 1.5% 60grm Anti-inflammatory cream Quantity one cannot be recommended as medically necessary at this time.