

Case Number:	CM14-0062968		
Date Assigned:	07/11/2014	Date of Injury:	01/04/2013
Decision Date:	08/22/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/05/2014

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:

According to the records made available for review, this is a 29-year-old male with a 1/4/13 date of injury. At the time (3/21/14) of request for authorization for Voltaren XR 100 mg #60 and Protonix 20mg #30, there is documentation of subjective (knee pain and limited range of motion of left knee) and objective (left knee tenderness and tingling unchanged from prior exam) findings, current diagnoses (knee pain), and treatment to date (medications (including ongoing treatment with Voltaren XR and Protonix)). Regarding Voltaren XR 100 mg #60, there is no documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, Diclofenac used as second line therapy, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Voltaren XR use to date. Regarding Protonix 20mg #30, there is no documentation of concurrent use of high dose/multiple NSAID and that Protonix is being used as a second-line.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren XR 100 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Diclofenac sodium.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that Diclofenac is not used as first line therapy. Within the medical information available for review, there is documentation of a diagnosis of knee pain. In addition, there is documentation of pain. However, there is no documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain. In addition, there is no documentation of Diclofenac used as second line therapy. Furthermore, given documentation of ongoing treatment with Voltaren XR, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Voltaren XR use to date. Therefore, based on guidelines and a review of the evidence, the request for Voltaren XR 100 mg #60 is not medically necessary.

Protonix 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age more than 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, and that Protonix is being used as a second-line, as criteria necessary to support the medical necessity of Protonix. Within the medical information available for review, there is documentation of a diagnosis of knee pain. However, despite documentation of ongoing treatment with Voltaren XR, there is no documentation of concurrent use of high dose/multiple NSAID. In addition, there is no documentation that Protonix is being used as a second-line. Therefore, based on guidelines and a review of the evidence, the request for Protonix 20mg #30 is not medically necessary.

