

Case Number:	CM14-0072206		
Date Assigned:	07/16/2014	Date of Injury:	06/28/2011
Decision Date:	09/16/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/19/2014

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, has a subspecialty in Interventional Spine 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 patient is a 49-year-old male with a date of injury of 06/26/2011. The listed diagnoses per [REDACTED] are: Pain in joint, lower leg., lumbar disk displacement without myelopathy, sciatica and disorders, sacrum. According to progress report 04/15/2014, the patient presents with chronic knee and low back pain. He continues to report pain level as 8/10 on Visual Analog Scale (VAS). His pain level is worse with increased activity, and medications do help reduce some pain and allow for better function. He is tolerating his medications generally well. The patient states he also continues to have low back pain that radiates into his lower extremities. The patient's medication regimen includes diclofenac sodium 1.5% 60 gm, glucosamine sulfate 500 mg, naproxen sodium 550 mg, and Protonix 20 mg. The provider is requesting a refill of diclofenac sodium 1.5% to be applied to the affected area 3 times a day and Protonix 20 mg #60, 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium 1.5% 60gm #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-Pain Chapter Diclofenac.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Anti-inflammatory medications; NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 60, 61, 22, 67, 68.

Decision rationale: This patient presents with chronic left knee and low back pain which he reports pain level constant 8/10. The patient reports medications do help him to reduce some pain and allow for better function. Treater states patient is tolerating his medications generally well. The provider is requesting a refill of Diclofenac Sodium 1.5% 60 gm for topical application. The MTUS Guidelines page 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." The guideline page 112 supports the use of topical NSAID for peripheral joint arthritis or tendonitis, which this patient does not suffer from. Furthermore, the provider does not discuss why the patient requires oral NSAIDs concurrently with topical NSAID. Therefore the request is not medically necessary.

Pantoprazole-Protonix 20mg #60 5 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & Cardiovascular Risk. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain Chapter Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: This patient present with chronic left knee and low back pain rated as 8/10 on VAS. The patient reports that medications do help to reduce some pain and allow for better function. The provider is requesting a refill of Protonix 20 mg #60 with 5 refills. The medical file provided for review indicates the patient has been prescribed NSAID and Naproxen with Protonix 20 mg since 11/21/2013. The guidelines pages 68 and 69 state that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: Age is greater than 65, history of peptic ulcer disease and GI bleeding or perforation, concurrent use of ASA or corticosteroid and/or anticoagulant and high dose/multiple NSAID. The patient has been taking NSAID on a long term basis, but the provider does not document dyspepsia or any GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by the guidelines without GI-risk assessment. Therefore the request is not medically necessary.