

Case Number:	CM14-0086912		
Date Assigned:	07/23/2014	Date of Injury:	06/12/2013
Decision Date:	08/27/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/11/2014

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 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 44-year-old male who reported an injury on 06/ 12/2013. The mechanism of injury was not provided. On 04/16/2014 the injured worker was presented with chronic neck pain radiating into the upper extremities. An MRI of the cervical spine noted a 2 mm annular bulge with dorsal ossific ridging uncovertebral spurring eccentric to the right. Severe right and moderate to severe left foraminal stenosis with moderate central canal stenosis. C5-6, there was a 2 to 3 mm annular bulge with uncovertebral and facet spurrings concentric to the right. There was severe right and moderate to severe left foraminal stenosis and moderate central canal stenosis. At C6 through C7 there was a 1 to 2 mm annular bulge with moderate to severe bilateral foraminal stenosis and mild central canal stenosis. Current medications included Pantoprazole/Protonix, Tramadol, Trazodone, Viagra, and Gabapentin. The provider recommends Diclofenac Sodium and Pantoprazole/Protonix. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium 1.5% times 60gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

Decision rationale: The California MTUS Guideline recommends the use of Non-Steroid Anti-Inflammatory Drugs (NSAIDs) for injured workers with osteoarthritis, including knee and hip and injured workers with acute exacerbation of chronic low back pain. The guidelines recommend NSAIDs at the lowest dose for the shortest period in injured workers with moderate to severe pain. Acetaminophen may be considered for initial therapy for injured workers with mild to moderate pain, and in particular, those with gastrointestinal, cardiovascular or renovascular risk factors. In injured workers with acute exacerbation of chronic low back pain, the guidelines recommend Non-Steroid Anti-Inflammatory Drugs (NSAIDs) as an option for short-term symptomatic relief. There is a lack of an adequate and complete pain assessment for the injured worker. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request for Diclofenac Sodium 1.5% #60gm is not medically necessary and appropriate.

Pantoprazole-Protonix 20mg times 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Gi Symptoms & Cardiovascular risk Page(s): 68.

Decision rationale: According to California MTUS Guidelines, Pantoprazole-Protonix may be recommended to injured workers with dyspepsia secondary to Non-Steroid Anti-Inflammatory Drug (NSAID) therapy or for those taking NSAID medications who are moderate to high risk for gastrointestinal events. There is a lack of evidence that the injured worker is at moderate to high risk for gastrointestinal events. Additionally, a lack of complete and adequate pain assessment was not provided within the medical documents for review. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request for Pantoprazole-Protonix 20mg #60 is not medically necessary and appropriate.