

<b>Case Number:</b>	CM14-0183254		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	03/29/2014
<b>Decision Date:</b>	01/29/2015	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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] insured who has filed a claim for neck, mid back, and shoulder pain reportedly associated with an industrial injury of March 29, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; muscle relaxants; unspecified amounts of physical therapy; and work restrictions. In a utilization review report dated October 30, 2014, the claims administrator retrospectively denied a request for Voltaren, Protonix, and Norco apparently dispensed on October 6, 2014. In a June 13, 2014, progress note, the applicant reported ongoing complaints of neck, shoulder, mid back, and low back pain, 7/10. It was stated that the applicant was working with limitations in place as of this point in time. Additional physical therapy, Motrin, shoulder corticosteroid injection, and a psychology consultation were endorsed. A 15-pound lifting limitation was furnished. In an applicant questionnaire of the same date, June 13, 2014, the applicant stated that he was working with limitations in place. By September 15, 2014, the applicant transferred care to a new primary treating provider who dispensed prescriptions for Voltaren, Protonix, and Norco. A 10-pound lifting limitation was endorsed. Shoulder MRI imaging was sought. It was stated that the applicant's employer was likely unable to accommodate the more proscriptive 10-pound lifting limitation. In an October 6, 2014, progress note, the applicant again presented with ongoing complaints of shoulder, low back, and mid back pain. The attending provider stated that the medications were helping but did not elaborate or expound upon the same. Voltaren, Protonix, and Norco were endorsed, along with a 10-pound lifting limitation. The attending provider stated that Protonix was being employed, given the applicant's history of non-tolerance to NSAIDs in one section of the note, in a highly templated fashion, and then wrote in the review of systems section of the report that the applicant denied "heartburn." The applicant was described as having constant right shoulder pain with associated weakness and poor function.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Voltaren 100mg, QTY: 30, on date of service 10/06/2014: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Official Disability Duration Guidelines, Treatment in Workers Compensation, 2014 Web Based Edition and California MTUS Guideline, Web Based Edition ([http://www.dir.ca.gov/t8/ch4\\_5sb1a5\\_5\\_2.html](http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html))

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications; Functional Restoration Approach to Chronic Pain Management 9792.2.

**Decision rationale:** While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications do represent the traditional first-line of treatment for various chronic pain conditions, as per recommendation, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, the attending provider failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing Voltaren usage. The information on file pointed to the applicant's shoulder pain issues trending unfavorably over time. The applicant's work restrictions were tightened and/or made more proscriptive over time as opposed to reduced, suggesting that ongoing usage of Voltaren was not altogether favorable. The attending provider did not outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing Voltaren usage. While the attending provider did state on some occasions that the applicant's medications were beneficial, this was not detailed further and is outweighed by the applicant's work restrictions and being made more proscriptive over time and the applicant's continued difficulty performing activities of daily living as basic as lifting and reaching overhead, all of which, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20(f), despite ongoing usage of Voltaren. Therefore, the request is not medically necessary.

**Retrospective request for Protonix 20mg, QTY: 60, on date of service 10/06/2014: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Duration Guidelines, Treatment in Workers Compensation, 2014 Web Based Edition and California MTUS Guideline, Web Based Edition ([http://www.dir.ca.gov/t8/ch4\\_5sb1a5\\_5\\_2.html](http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html))

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

**Decision rationale:** While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Protonix are indicated in the treatment of

non-steroidal anti-inflammatory drug (NSAID)-induced dyspepsia, in this case, there was no clear discussion of issues with NSAID-induced dyspepsia evident on the October 6, 2014, progress note on which the article in question was sought. While the attending provider stated in one section of the report that the applicant had a history of heartburn, this was presented in a highly template manner and is outweighed by the attending provider's later reporting in the review of systems section of the same report that the applicant specifically denied any active symptoms of reflux, heartburn, or dyspepsia. The request for Protonix cannot be supported in light of the attending provider's incongruous reporting of the applicant's presence or absence of dyspepsia. Therefore, the request is not medically necessary.

**Retrospective request for Norco 10/325mg, QTY: 40, on date of service 10/06/2014: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Duration Guidelines, Treatment in Workers Compensation, 2014 Web Based Edition and California MTUS Guideline, Web Based Edition ([http://www.dir.ca.gov/t8/ch4\\_5sb1a5\\_5\\_2.html](http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html))

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. However, it does not appear that the applicant is working any longer with a rather proscriptive 10-pound lifting limitation in place. The attending provider has likewise failed to outline any quantifiable decrements in pain achieved as a result of ongoing Norco usage. There is no mention of any material improvements in function achieved as a result of ongoing Norco usage. Rather, the attending provider's commentary suggested that the applicant was still having difficulty performing activities of daily living as basic as lifting and reaching, despite ongoing usage of the same. Therefore, the request is not medically necessary.