

Case Number:	CM14-0064053		
Date Assigned:	07/11/2014	Date of Injury:	08/25/2005
Decision Date:	01/30/2015	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/06/2014

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 Rehab, 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 68 year old male with the injury date of 08/25/05. All physician's reports contain the same information except pain level. The patient has low back pain without any radiating symptoms in his legs. The patient is s/p PLIF L4-5 on 06/24/08. There is tenderness over the lumbar region. The lists of diagnoses are: 1) Acquired spondylolisthesis 2) Lumbosacral spondylosis 3) Sprain lumbar region. According to the utilization review letter 04/16/14, the patient had lumbar laminectomy at L3,L4,L5, partial facetectomy and foraminotomy at L3-L4 and L4-L5 with decompression of the L4-L5 nerve roots bilaterally, posterior spinal fusion at L4-L5 on 06/24/08. The physician's reports do not contain information regarding the patient's condition or the medication. The utilization review determination being challenged is dated on 04/16/14. Treatment reports were provided from 12/13/08 to 06/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix (Pantoprazole) Sodium DR 20mg, 1 tab daily, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

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

Decision rationale: The patient presents with pain in his lower back. The request is for Protonix (Pantoprazole) Sodium Dr 20mg 1tab daily #60. None of the reports discuss medication. The utilization review letter on 04/16/14 indicates that "Protonix was requested for stomach irritation." MTUS guidelines page 69 recommends prophylactic use of PPI's when appropriate GI assessments have been provided. The patient must be determined to be at risk for GI events, such as age > 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). In this case, the treater does not provide any GI assessment to determine whether or not the patient would require prophylactic use of PPI. The review of the reports does not show that the patient has been on any NSAIDs, but there is a request for Voltaren. The requested Voltaren is not medically necessary and this would obviate the need for any prophylactic use of a PPI. There are no documentations of any GI problems such as GERD or gastritis to warrant the use of PPI either. The request is not medically necessary.

Voltaren XR (Diclofenac Sodium ER) 100mg, 1 tab daily, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67 and 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Diclofenac.

Decision rationale: The patient presents with pain in his lower back. The request is for Voltaren XR (Diclofenac Sodium ER) 100mg 1 tab daily #60. None of the reports discuss medication. The utilization review letter on 04/16/14 indicates that "Voltaren XR was requested for pain and inflammation." MTUS guidelines page 67 and 68 recommend NSAIDs (non-steroidal anti-inflammatory drugs) as an option for short-term symptomatic relief. However, for Diclofenac, ODG guidelines provide a specific discussion stating, "Not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%." It goes on to state that there is a substantial increase in stroke. ODG does not support this medication unless other NSAIDs have failed and the patient is a very low risk profile. None of the reports do not indicate whether the patient has utilized other NSAIDs or not. The request is not medically necessary.