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| <b>Case Number:</b>   | CM15-0101980 |                              |            |
| <b>Date Assigned:</b> | 06/04/2015   | <b>Date of Injury:</b>       | 01/28/2010 |
| <b>Decision Date:</b> | 07/02/2015   | <b>UR Denial Date:</b>       | 05/05/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/27/2015 |

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 57 year old male who sustained an industrial injury on 1/28/10 when he pulled on a stuck jackhammer resulting in back injury. He currently complains of low back pain ((7/10) with radiation to the bilateral lower extremities; severe neck pain (6/10) with radiation to the bilateral upper extremities with numbness, tingling and weakness; right shoulder pain (8/10) with radiation to the right upper extremity and limited range of motion. On physical exam there was limited range of motion of lumbar spine, positive Kemps's, hypesthesia left L4-S1; straight leg raise test is positive bilaterally and lower extremity weakness is noted. The injured worker uses a cane for ambulation. Medications are Tylenol #4, Voltaren XR, Protonix and Flexeril. Diagnoses include status post interlaminar laminotomy at L4-5 bilaterally (12/11/13) surgery; spinal stenosis at C4-7; cervical stenosis with possible myeloradiculopathy; herniated nucleus pulposus at C4-7; right shoulder impingement syndrome; rotator cuff tendinitis/tendinosis; positive rotator cuff tear; multilevel degenerative disc disease of lumbosacral spine. Diagnostics include MRI lumbar spine (3/26/15) showing disc bulge, desiccation and narrowing. In the progress note dated 1/20/15 the treating provider's plan of care includes requests for Voltaren and Protonix.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac Na ER 100mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page 22.

**Decision rationale:** Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk of hip fractures. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic injury nor have they demonstrated any functional efficacy derived from treatment already rendered for this injury of January 2010. The Diclofenac Na ER 100mg #30 is not medically necessary and appropriate.

**Pantoprezola SOD DR 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 and Cardiovascular risk, Pages 68-69.

**Decision rationale:** Pantoprazole medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for this proton pump inhibitor (PPI) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers, none of which apply to this patient. Submitted reports have not described or provided any confirmed GI diagnosis of erosive esophagitis or hypersecretion diseases that meets the criteria to indicate medical treatment in a patient not taking NSAIDs. Review of the records show no documentation of any symptoms, clinical findings or confirmed diagnostics to warrant this medication. The Pantoprazole SOD DR 20mg #30 is not medically necessary and appropriate.