MAXIMUS Federal Services

Case Number:	CM15-0104454		
Date Assigned:	06/08/2015	Date of Injury:	10/31/2014
Decision Date:	07/09/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/01/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 28-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of October 31, 2014. In a utilization review report dated May 21, 2015, the claims administrator failed to approve a request for diclofenac and Protonix. The claims administrator referenced progress notes and RFA forms of May 7, 2015 and June 7, 2015 in its determination. The applicant's attorney subsequently appealed. On April 21, 2015, the applicant reported multifocal complaints of neck, shoulder, and low back pain. The applicant had a history of a previous workers' compensation claim involving the injured shoulder and was diabetic, it was incidentally noted. Medication selection and medication efficacy were not detailed. The applicant's work status was not explicitly detailed at the bottom of the report. On May 7, 2015, the applicant again reported ongoing complaints of neck and low back pain, highly variable, 7/10 without medications versus 4/10 to 5/10 with medications. The applicant was asked to continue diclofenac, Protonix, tramadol, Norco, physical therapy, and acupuncture. The applicant's work status was not detailed. The applicant was having difficulty performing activities of daily living as basic as sitting and bending, it was reported. There was no mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: No, the request for diclofenac, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as diclofenac do represent the traditional first-line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is, however, 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 efficacy of medication into his choice of recommendations. Here, however, the applicant's work status was not clearly detailed on progress notes of May 7, 2015 and April 21, 2015, referenced above. While the attending provider did report some low-grade reduction in pain scores effected as a result of ongoing medication consumption, these reports were, however, outweighed by the failure of the treating providers to clearly recount the applicant's work status from visit to visit and the failure of the treating providers to outline meaningful or material improvements in function effected as a result of ongoing diclofenac usage (if any). Ongoing usage of diclofenac failed to curtail the applicant's dependence on opioid agents such as Norco, it was further noted. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20(e), despite ongoing usage of the same. Therefore, the request was not medically necessary.

Pantoprazole 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

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

Decision rationale: Similarly, the request for pantoprazole (Protonix), a proton pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. 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 NSAID-induced dyspepsia, here, however, there is no mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on progress notes of April 21, 2015 and May 7, 2015, referenced above. Therefore, the request was not medically necessary.