

<b>Case Number:</b>	CM15-0012471		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	02/01/2013
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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, Pain Management

### 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 52 year old, female who sustained a work related injury on 2/1/13. The diagnoses have included right shoulder impingement, right rotator cuff tendinitis, right de Quervain tendonitis, bilateral base of thumb arthritis and possible right greater than left carpal tunnel syndrome. Treatments have included physical therapy, bracing , medications, right shoulder injection, base of thumb injection and medications. In the last medical record available for review, an Initial Orthopedic Agreed Medical Evaluation dated 7/16/14, the injured worker complains of right shoulder and right and left wrist pain. She complains of occasional finger numbness. She rates the right wrist pain a 9/10. She states the left wrist pain is a 7/10. She rates the right shoulder pain an 8/10. The requested treatments of reordering medications are not noted in the treatment plan. A progress report dated July 8, 2014 indicates that the patient was using ibuprofen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(Retro) DOS 12/18/14 Voltaren 100mg # 60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 67-72 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Diclofenac.

**Decision rationale:** Regarding the request for Voltaren (diclofenac), Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Naproxen is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. Additionally, ODG guidelines recommend Voltaren as a 2nd line option, and there is no statement indicating why the patient was unable to tolerate first line and NSAIDs. In the absence of such documentation, the currently requested Voltaren (diclofenac) is not medically necessary.

**(Retro) DOS 12/18/14 Protonix 20mg # 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines- Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 68-69 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs).

**Decision rationale:** Regarding the request for pantoprazole (Protonix), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Additionally, ODG recommends Nexium, Protonix, Dexilant, and AcipHex for use as 2nd line agents, after failure of omeprazole or lansoprazole. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. Furthermore, there is no indication that the patient has failed first-line agents prior to initiating treatment with pantoprazole (a 2nd line proton pump inhibitor). In the absence of clarity regarding those issues, the currently requested pantoprazole is not medically necessary.