

<b>Case Number:</b>	CM15-0138535		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	03/26/2014
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	07/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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: New York

Certification(s)/Specialty: Pediatrics, Internal 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 injured worker is a 45-year-old, male who sustained a work related injury on 3-26-14. The diagnoses have included sciatica and lumbar disc displacement without myelopathy. Treatments have included oral medications, Diclofenac cream, chiropractic treatments and heat/ice therapy. In the Visit Note dated 6-5-15, the injured worker reports continuing lower back pain radiating to both legs. Pain is made worse with bending and twisting at waist level and is made better with rest and medication. Pains is better with non-steroidal anti-inflammatory medications and heat/ice use. He states he takes Relafen 500 mg. 1 tablet every 12 hours with food. He has no side effects from the medication. He states medication improves his function, activities of daily living and quality of life. On physical exam, he walks with an antalgic gait. Sensation is decreased in dermatomes L3, L4, right L5 and S1. Straight leg raise is positive with right leg. He has spasm and guarding in lumbar spine. He is working. The treatment plan includes refills of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pantoprazole-Protonix 20mg #60: 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 Page(s): 67-73.

**Decision rationale:** Per the CA MTUS guidelines, Pantoprazole (Protonix) is a proton pump inhibitor (PPI) used for gastrointestinal issues due to taking non-steroidal anti-inflammatory medications or opioids. He has been on this medication for greater than 6 months. He has no risk factors 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). He does not have any gastrointestinal complaints at the present time. Because of the long-term use of NSAIDs, long-term use of Pantoprazole is not recommended. He has no risk factors for taking this medication. Therefore, the requested treatment of Protonix is not medically necessary.

**Diclofenac Sodium 1.5% 60gm:** 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 Topical Analgesics Page(s): 111-113.

**Decision rationale:** Per CA MTUS guidelines, although recommended as an option, topical analgesics are used primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Furthermore, they are largely experimental. "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Diclofenac is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. The most common adverse reactions were dermatitis and pruritus. He is using this cream but it is not specified what part of the body he is applying it to. It has not been evaluated for use on the spine. Therefore, the requested treatment of Diclofenac cream is not medically necessary.