

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0189156 | | |
| Date Assigned: | 10/01/2015 | Date of Injury: | 10/14/2013 |
| Decision Date: | 11/09/2015 | UR Denial Date: | 09/04/2015 |
| Priority: | Standard | Application Received: | 09/25/2015 |

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 55 year old male, who sustained an industrial injury on 10-14-2013. The injured worker is being treated for left shoulder tendinitis and impingement syndrome and left shoulder labral tear with instability. Treatment to date has included physical therapy, medications, injections and modified work. Per the Primary Treating Physician's Progress Report dated 8-17-2015, the injured worker presented for reevaluation. He reported being run over by a tractor and dislocated left shoulder in October, 2014, reduced in Emergency Department (ED). Objective findings included decreased range of motion with pain and positive impingement left shoulder. On 6-25-2015 he rated his pain as 3 with activity and 8 with rest. Rest helps his symptoms. Per the medical records dated 6-25-2015 to 8-17-2015 there is no documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level attributed to the current medications. The notes from the provider do not document efficacy of the prescribed medications. Work status was modified. The plan of care included medications, an injection and possible surgical intervention. Authorization was requested for Protonix (pantoprazole) 20mg #60 and Voltaren XR (diclofenac sodium ER) 10mg #60, On 9-04-2015, Utilization Review non-certified the request for Protonix (pantoprazole) 20mg #60 and Voltaren XR (diclofenac sodium ER) 10mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole sodium DR (Protonix) 20mg quantity 60 with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to the MTUS guidelines, Pantoprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. The claimant was on Diclofenac and used the Pantoprazole for GI protection but as noted below it was not medically necessary. Therefore, the continued use of Pantoprazole is not medically necessary.

Diclofenac Sodium ER (Voltaren XR) 100mg quantity 60 with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for several months. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. In this case, the claimant required a PPI for gastric protection. Pain score reductions with use of Diclofenac was not noted. Continued use of Diclofenac is not medically necessary.