

Case Number:	CM15-0195091		
Date Assigned:	10/08/2015	Date of Injury:	11/13/2001
Decision Date:	11/23/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/05/2015

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 55-year-old who has filed a claim for chronic knee and low back pain with derivative complaints of sleep apnea and gastroesophageal reflux disease (GERD) reportedly associated with an industrial injury of November 13, 2001. In a Utilization Review report dated September 25, 2015, the claims administrator failed to approve requests for flurbiprofen-containing powder and Protonix, apparently prescribed and/or dispensed on or around September 8, 2015. The applicant's attorney subsequently appealed. On September 16, 2015, the applicant reported heightened complaints of pain, derivative complaints of depression. The applicant alleged having developed secondary weight gain. The applicant had also developed diabetes. Metformin was endorsed. The applicant's complete medication list was not furnished. On August 12, 2015, the applicant was given prescriptions for testosterone. On September 2, 2015, the applicant reported ongoing complaints of knee pain. The applicant had an earlier failed total knee arthroplasty procure. The applicant's medications included Norco and MS Contin, it was reported. A repeat Synvisc injection was sought, along with further physical therapy. The applicant's work status was not detailed, although it did not appear that the applicant was working. In October 5, 2015, a weight loss program was sought. On June 16, 2015, the applicant underwent a revision right knee total knee arthroplasty procedure. On July 1, 2015, the applicant was given prescriptions for prednisone and Zyrtec. Gastroesophageal reflux disease (GERD) dated on the applicant's problem list, although there was no explicit mention on whether the applicant was using Protonix. There was likewise no explicit mention of the applicant's having symptoms of reflux, heartburn, and/or dyspepsia on this date. While progress

notes of August 12, 2015 and September 16, 2015 state that the applicant did carry a diagnosis of gastroesophageal reflux disease (GERD), the September 16, 2015 office visit stated that the applicant denied dyspepsia and, moreover, made no mention of the applicant's using Protonix at this point.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Flurbiprofen powder 6gm / Lidocaine 1.5gm/Versapro base CR 22.5gm DOS 09/08/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: No, the request for a flurbiprofen-lidocaine containing powder was not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants, in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, here, however, the applicant's primary pain generator was a painful indwelling knee prosthetic. This is not, however, a condition classically associated with neuropathic pain, per page 3 of the MTUS Chronic Pain Medical Treatment Guidelines, which notes that neuropathic pain is generally characterized by lacerating, numbing, burning, electric shock-like sensations, i.e., sensations which were not seemingly reported here. Since the lidocaine component in the compound was not recommended, the entire compound was not recommended, per 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Retrospective request for Pantoprazole Sodium 20mg #60 DOS 09/08/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines, Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk, Introduction.

Decision rationale: No, the request for pantoprazole (Protonix), a proton pump inhibitor, was 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, September 16, 2015 office visit explicitly stated that applicant denied issues with dyspepsia on that date. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates

that prescribing provider should be knowledgeable regarding prescribing information. Here, however, progress notes of August 12, 2015 and September 16, 2015 made no mention of the applicants using Protonix (pantoprazole). Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and page 47 of the ACOEM Practice Guidelines further stipulates that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, multiple progress notes, referenced above, made no mention of whether or not ongoing usage of pantoprazole (Protonix) was or was not proving beneficial for whatever purpose it was being employed. Therefore, the request was not medically necessary.