

Case Number:	CM15-0030248		
Date Assigned:	02/23/2015	Date of Injury:	06/18/2010
Decision Date:	04/07/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/18/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50-year-old male, with a reported date of injury of 06/18/2010. The diagnoses include cervical spondylosis, lumbosacral spondylosis, and sciatica. Treatments have included injection in his right shoulder, oral medication, cane, an MRI of the lumbar spine, a functional capacity evaluation, physical therapy, chiropractic treatment, cervical and epidural steroid injections, and trigger point injections into the bilateral trapezius musculature. The progress report dated 01/12/2015 indicates that the injured worker had chronic low back pain, neck pain, and right shoulder pain. He continued to have pain and weakness in the right shoulder, and pain with intermittent radiation of numbness, tingling, and weakness in his left leg. The injured worker reported significant gastrointestinal (GI) upset with anti-inflammatories. The objective findings include tenderness to palpation at the lateral shoulder, painful right shoulder abduction, and normal muscle tone without atrophy in the bilateral upper extremities and bilateral lower extremities. The treating physician requested Flector patch 1.3% #60, because the injured worker was unable to tolerate oral anti-inflammatory medications and Pantoprazole-Protonix 20mg #60 for GI upset. On 01/20/2015, Utilization Review (UR) denied the request for Flector patch 1.3% #60 twice a day and modified the request for Pantoprazole-Protonix 20mg #60 1-2 daily. The UR physician noted that the use of topical non-steroidal anti-inflammatory drugs (NSAIDs) in the management of chronic back pain was not established and supported; and there was no diagnosis of gastro or duodenal ulcer, erosive esophagitis, or hypersecretory condition to support a high dose of pantoprazole. The MTUS Chronic Pain Guidelines and the non-MTUS Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch 1.3% BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC), Pain Procedure Summary last updated 11/21/2014, Flector Patch.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The patient presents with low back pain. The current request is for Flector Patch 1.3% BID #60. The treating physician states, "Currently, the patient continues to complain of chronic low back pain. He uses flector patches for pain and inflammation. He has a history of GI upset secondary to use of anti-inflammatories in the past." (26B) The MTUS guidelines states, "Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Neuropathic pain: Not recommended as there is no evidence to support use." MTUS guidelines only recommend topical NSAIDs for osteoarthritis and tendinitis in the knee, elbow, or other joints. In this case, the treating physician documents that the patient is having lower back pain and the patient is not experiencing peripheral osteoarthritis or tendinitis symptoms. The current request is not medically necessary and the recommendation is for denial.

Pantoprazole - Protonix 20mg 1-2 daily #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC), Pain Procedure Summary last updated 07/10/2014, Proton Pump Inhibitors (PPI's).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment of dyspepsia secondary to NSAID therapy Page(s): 68-69.

Decision rationale: The patient presents with low back pain. The current request is for Pantoprazole-Protonix 1-2 daily #60. The treating physician states, "The patient has a history of GI upset secondary to use of anti-inflammatories in the past such as ibuprofen (first line NSAID). The patient is currently prescribed Diclofenac. Additionally, he also notes heartburn and nausea with his current medications and uses protonix for GI protection." (27B) The MTUS guidelines state, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, the treating physician has documented that the patient has GI upset with the use of NSAIDs. The current request is medically necessary and the recommendation is for authorization.

