MAXIMUS Federal Services

Case Number:	CM15-0032491		
Date Assigned:	02/25/2015	Date of Injury:	11/09/2010
Decision Date:	04/15/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/20/2015

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: California, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, 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 34 year old female, who sustained an industrial injury on 11/09/2010. She has reported that while her computer wasn't working, she sustained an unspecified injury while she was receiving staff support. Diagnoses include cervical/thoracic myofascial pain, right shoulder internal derangement, and rule out right cubital tunnel syndrome. Treatment to date has included an over the counter medication regimen. In a progress note dated 01/09/2015 the treating provider reports complaints of neck and back pain that radiates to the right shoulder and arm along with associated symptoms of muscle spasms. The treating physician dispensed Protonix and Diclofenac in house, but the documentation provided did not indicate the specific reason for these requested medications. On 01/21/2015 Utilization Review non-certified the requested treatments of one prescription of Diclofenac 100mg with a quantity of 60 and one prescription of Protonix 20mg with a quantity of 60 for the date of service of 01/09/2015, noting the California Chronic Pain Medical Treatment Guidelines (May 2009).

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 100mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Chronic pain Medical Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 69, 71, 112.

Decision rationale: A note dated October 27, 2014 indicates that the injured employee is already prescribed ibuprofen and there are no concurrent complaints of gastric upset or mention of discontinuing this medication. It is unclear why there is request for a another NSAID at this time. Without further clarification this request for diclofenac is not medically necessary.

Protonix 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Chronic pain Medical Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors Page(s): 68-69.

Decision rationale: Protonix (Pantoprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing high doses of non-steroidal anti-inflammatory medications. CA MTUS 2009 Chronic Pain Treatment Guidelines recommend proton pump inhibitors for patients taking NSAID's with documented GI distress symptom. The record provided does not note the G.I. disorder, nor is there documentation of long-term use of an NSAID considered to be a high dose NSAID as defined by the American college of gastroenterology. Therefore, this request is recommended for non-certification.