

Case Number:	CM15-0036385		
Date Assigned:	03/04/2015	Date of Injury:	08/15/2008
Decision Date:	04/14/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/26/2015

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, West Virginia, Pennsylvania
Certification(s)/Specialty: Emergency 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:

This 55 year old female sustained an industrial injury on 8/15/08. She subsequently reports bilateral shoulder and right elbow pain. The injured worker has undergone left shoulder and right carpal tunnel surgeries. Treatments to date have included injections, physical therapy and prescription pain medications. On 2/ 5/15, Utilization Review non-certified a request for Etodolac 300mg #60, Pantoprazole-Protonix 20mg #60, Diclofenac Sodium Cream and Synovacin-Glucosamine Sulfate 500mg #90. The Etodolac 300mg #60, Pantoprazole-Protonix 20mg #60, Diclofenac Sodium Cream and Synovacin-Glucosamine Sulfate 500mg #90 requests were denied based on MTUS Chronic Pain guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Etodolac 300mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 67.

Decision rationale: Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period of time in patients with moderate to severe pain. In this case, the patient suffers from chronic shoulder and elbow pain. Previous use of NSAIDs has caused side effects and there is no documentation of functional benefit with prior use of NSAIDs. Thus, the request for Etodolac 300 mg #60 is not medically appropriate and necessary.

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, gi symptoms.

Decision rationale: Guidelines recommend use of a proton pump inhibitor on a prophylactic basis if the patient has risk factors for GI events such as peptic ulcer, GI bleeding or perforation. Guidelines allow for use of a PPI for treatment of dyspepsia secondary to NSAID therapy as long as the NSAID is switched to a different one or stopped. In this case, there is no documentation of gastrointestinal complaints. Thus, the request for Pantoprazole 20 mg #60 is not medically necessary and appropriate.

Diclofenac Sodium Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Pain Procedure Summary, Topical Diclofenac.

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

Decision rationale: Guidelines state that topical analgesics are recommended as an option in certain circumstances. They are largely experimental with few randomized controlled trials to determine efficacy. Topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In this case, there is no evidence of neuropathic pain nor trials of antidepressants and anticonvulsants that have failed. Thus, the request for diclofenac sodium cream is not medically necessary and appropriate.

Synovacin-Glucosamine Sulfate 500mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine Page(s): 50.

Decision rationale: Guidelines state that synovacin-glucosamine is recommended as an option given its low risk, in patients with moderate arthritis pain, especially the knee. In this case, the patient complains of shoulder and elbow pain. Without evidence of objective functional benefit with its use, medical necessity is not established. Thus, the request for Synovacin-glucosamine 500 mg #90 is not medically necessary and appropriate.