

Case Number:	CM15-0057054		
Date Assigned:	04/17/2015	Date of Injury:	09/07/2012
Decision Date:	05/27/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	03/25/2015

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: California

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:

The injured worker is a 56 year old female, who sustained an industrial injury on 09/07/2012. She has reported subsequent low back pain with numbness and tingling in the legs and was diagnosed with lumbar sprain. Treatment to date has included oral pain medication, physical therapy and an epidural steroid injection. In a progress note dated 03/16/2015, the injured worker complained of low back pain with numbness and tingling in the legs. Objective findings were notable for tenderness to palpation of the lumbar spine. A request for authorization of Protonix and Voltaren was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg #60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician's Desk Reference, online edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The request is for Protonix, or Pantoprazole, a proton-pump inhibitor used to treat erosive esophagitis and other conditions involving excess stomach acid. The MTUS Guidelines support the use of proton-pump inhibitors when treatment requires the use of non-steroidal anti-inflammatory drugs and the injured worker is at risk for gastrointestinal events. This has been defined as: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). While treatment for an acute exacerbation of chronic back pain may include non-steroidal anti-inflammatory drugs, they are recommended as an option for short-term symptomatic relief. The request as written would be for a 6-month duration of treatment. This exceeds what would be accepted as short-term treatment. The request is not supported by the MTUS Guidelines and is therefore not medically necessary.

Voltaren XR 100mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: The request is for Voltaren, or Diclofenac, a non-steroidal anti-inflammatory drug for treatment of acute pain. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. Chronic low back pain: Recommended as an option for short-term symptomatic relief. Besides the well-documented GI and cardiovascular side effects of NSAIDs, there are other less well-known effects of NSAIDs, and the use of NSAIDs has been shown to possibly delay and hamper healing in all the soft tissues, including muscles, ligaments, tendons, and cartilage. Voltaren is a once daily medicine. The request as written would constitute 6 months of therapy. This is well beyond the recommended duration for an acute exacerbation of pain. The MTUS Guidelines do not support the request as written and it is therefore not medically necessary.