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| <b>Case Number:</b>   | CM15-0080333 |                              |            |
| <b>Date Assigned:</b> | 05/01/2015   | <b>Date of Injury:</b>       | 02/19/2012 |
| <b>Decision Date:</b> | 06/03/2015   | <b>UR Denial Date:</b>       | 04/15/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/27/2015 |

### 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, Tennessee  
 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 47-year-old male, who sustained an industrial injury on 2/19/2012. Diagnoses have included stenosing tenosynovitis of the right thumb and trapeziometacarpal joint (TMC) arthritis of both hands. Treatment to date has included cortisone injections and medication. According to the progress report dated 3/30/2015, the injured worker complained of pain at the base of both thumbs, left greater than right. He complained of painful snapping of the right thumb. Physical exam revealed mild to moderate tenderness at the trapeziometacarpal joint (TMC) on the left, mild on the right. There was mild to moderate tenderness at the A1 pulley base of the right thumb. Authorization was requested for Protonix and Voltaren.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Protonix:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 68.

**Decision rationale:** Protonix is pantoprazole, a proton pump inhibitor (PPI). PPI's are used in the treatment of peptic ulcer disease and may be prescribed in patients who are using non-steroidal anti-inflammatory drugs and are at high risk for gastrointestinal events. Risk factors for high-risk events are age greater than 65, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The patient in this case was using NSAID medication, but did not have any of the risk factors for a gastrointestinal event. The request should not be medically necessary.

**Voltaren:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics - non-steroidal anti-inflammatory drugs (NSAIDs) Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain, diclofenac.

**Decision rationale:** Voltaren is diclofenac, a nonsteroidal anti-inflammatory drug (NSAID). Chronic Medical Treatment Guidelines state, "Anti-inflammatory drugs are the traditional first line of treatment, but long term use may not be warranted". For osteoarthritis, it was recommended that the lowest dose for the shortest length of time be used. It was not shown to be more effective than acetaminophen, and had more adverse side effects. Diclofenac is not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients, as did rofecoxib (Vioxx). This is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%. In this case, there is no documentation that the patient has failed treatment with NSAIDs with fewer adverse effects. The request should not be medically necessary.