

Case Number:	CM15-0088888		
Date Assigned:	05/13/2015	Date of Injury:	12/02/2014
Decision Date:	06/17/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/08/2015

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: 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:

This is a 26-year-old female with a December 2, 2014 date of injury. A progress note dated April 13, 2015 documents subjective findings (neck pain; lower back pain; left wrist pain; head pain; pain is rated at a level of 8/10; pain radiates to the upper back; associated with numbness, pins and needles, and weakness of the upper and lower extremities), objective findings (restricted range of motion of the cervical spine; spasm and tenderness noted on the right side of the cervical paravertebral muscles; spinous process tenderness; trapezius tenderness; tenderness noted on the right side of the thoracic paravertebral muscles; restricted range of motion of the lumbar spine; tenderness to palpation of the lumbar paravertebral muscles with hypertonicity and spasm; restricted range of motion of the left wrist; tenderness to palpation over the radial side, anatomical snuffbox, first dorsal compartment, and TFCC; normal motor and sensory examination), and current diagnoses (lumbar disc displacement without myelopathy; cervicalgia; thoracic or lumbosacral neuritis or radiculitis; tenosynovitis of the hand and wrist; sleep disturbance). Treatments to date have included magnetic resonance imaging of the cervical spine, medications, chiropractic care, acupuncture, and physical therapy. The medical record identifies that medications help control the pain. The treating physician documented a plan of care that included Senna, Tramadol, Diclofenac, and Pantoprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium Extended Release 100mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs Page(s): 67-68; 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page 22.

Decision rationale: Anti-inflammatory are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk of hip fractures. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic injury nor have they demonstrated any functional efficacy derived from treatment already rendered. The Diclofenac Sodium Extended Release 100mg quantity 60 is not medically necessary and appropriate.

Pantoprazole Sodium delayed release 20mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk, Pages 68-69.

Decision rationale: Pantoprazole medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hyper secretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Pantoprazole namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The Pantoprazole Sodium delayed release 20mg quantity 60 is not medically necessary and appropriate.