

Case Number:	CM14-0135826		
Date Assigned:	08/27/2014	Date of Injury:	11/27/2007
Decision Date:	09/24/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/02/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 50-year-old male who sustained an industrial injury on 08/04/2010. The mechanism of injury occurred when he tripped and twisted his right ankle. His diagnosis is right foot complex regional pain syndrome with reactive anxiety. He continues to complain of right foot pain and pain in the right ankle and low back. On exam there is a purplish color of the right foot and the range of motion of the right ankle is limited by 35 %. The right calf is smaller than the left calf and there is tactile allodynia throughout the entire right foot to the level of the ankle. Motor exam reveals a slight decrease in dorsiflexion and plantar flexion of the right foot compared to the left. Treatment has included medical therapy, including topical medications, orthotics, and lumbar sympathetic nerve block. The treating provider has requested Pantoprazole 20mg #60, and Voltaren 1% gel 500gms with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole (Protonix) 20mg #60 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22; 67-68.

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

Decision rationale: The California MTUS states that proton pump inhibitors are recommended for patients taking NSAIDs with documented GI distress symptoms or specific GI risk factors. There is no documentation indicating the patient has any symptoms or GI risk factors. GI risk factors include: age >65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants or high dose/multiple NSAID. Based on the available information provided for review, the medical necessity for Prilosec has not been established. Therefore, the request for Pantoprazole (Protonix) 20 mg #60 one refill is not medically necessary and appropriate.

Voltaren 1% Gel 500 grams, one refill: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48.

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

Decision rationale: Per the California MTUS Guidelines, topical non-steroidal anti-inflammatory medications are used for the treatment of osteoarthritis particularly the knee. There is little evidence that supports them as a treatment option for other orthopedic conditions. The duration of effect is for a period of 4 to 12 weeks with reported diminished effectiveness over time. The claimant has used the medication for a period of time exceeding the recommendations. Medical necessity for the requested Voltaren gel has not been established. Therefore, the request for Voltaren 1% Gel 500 grams, one refill is not medically necessary and appropriate.