

Case Number:	CM14-0151121		
Date Assigned:	09/23/2014	Date of Injury:	07/17/2007
Decision Date:	11/10/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	09/16/2014

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 Occupational Medicine and is licensed to practice in California. 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:

This patient is a 39 y/o female who has developed chronic myofascial pain subsequent to an injury dated 7/17/07. She has been diagnosed with chronic cervical pain, left shoulder chronic pain and depression. Her treatment has consisted of cervical epidurals; however their effectiveness has diminished over time. Electrodiagnostic studies were negative for an active radiculopathy, MRI studies showed mild to moderate degenerative changes. Her current medications include oral NSAIDs, Gabapentin, limited use of Ultracet, limited use of Cyclobenzaprine, topical NSAIDs and a proton pump inhibitor. It is documented that she had GI upset with the NSAID's, but this has been controlled with the proton pump inhibitor.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole-protonix 20mg #60(ms) take 1-2 daily stomach/estomago qty: 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, (non-steroidal anti-inflammatory drugs), GI symptoms & car.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS and GI symptoms, Page(s): 68..

Decision rationale: MTUS Guidelines supports the appropriate use of PPI's (Protonix) if there is gastric upset associated with medication use. These circumstances are clearly documented with this patient. The Protonix 20mg. 1-2 day #90 is medically necessary.

Nabumetone-relafen 500mg #90 take 1 twice daily qty:90: Overturned

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, 68..

Decision rationale: MTUS Guidelines give the chronic use of NSAID's tepid support for chronic low back pain. The issue of cervical pain is not addressed in detail in the MTUS Guidelines. It is clearly documented that this patient receives meaningful pain relief from the Relafen and her use of Opioids is quite limited. Under these circumstances the Relafen is consistent with Guidelines and the Relafen 500mg twice a day #90 is medically necessary.

Diclofenac sodium 1.5 percent 60grm apply to affected area 3x/day qty:1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s): 111,112.. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.pennsaid.com/>

Decision rationale: MTUS Guidelines do not support the use of topical NSAIDs for spinal pain. Guidelines also point out the possibility of high systemic levels due to topical use and concurrent oral and topical NSAIDs are not recommended. In addition the FDA approval for Diclofenac topical is for knee osteoarthritis. There are no unusual circumstances that would justify an exception to Guideline recommendations. The Diclofenac topical 1.5% 60gms is not medically necessary.