

<b>Case Number:</b>	CM14-0094175		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	07/05/2000
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 Family 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:

The injured worker is a 65 year old male who had a work related injury on 07/05/00. The mechanism of injury is not described. The most recent medical note is dated 04/25/14. It was a letter requesting reconsideration of non-certification by a utilization review physician. It states that the injured worker is a 64 year 11 month old male who was followed in our office for chronic low back pain with left lower extremity radiation and left hip occasionally feels like it may give way. Remarkable physical examination findings were noted, he is noted to be alert and oriented. He was observed to be in moderate distress. His gait was antalgic and slow. He had tenderness upon palpation in the spinal vertebral L4 to S1 levels. Range of motion of the lumbar spine was moderately limited secondary to pain. Lower extremity flexor and extensor strength is unchanged from prior exam. His diagnoses include lumbar radiculopathy, post-laminectomy syndrome of the lumbar spine, lumbar spine failed back surgery syndrome, lumbar facet arthropathy, lumbar epidural fibrosis, status post fusion in the lumbar spine, chronic pain. Medical record dated 03/10/14 pain is rated 5/10 in intensity medications, 7/10 intensity without medication. His pain is reported as unchanged since the last visit. The injured worker was observed to be in moderate distress. The injured worker's gait was antalgic and slow. Prior utilization on 05/29/14 was non-certified. Current request is for Voltaren 1% gel 900 grams. Pantoprazole Sodium DR 20mg #90 with 2 refills and Naproxen Sodium 550mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren 1% Gel 900 grams:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical Analgesics Page.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel (diclofenac) Page(s): 112.

**Decision rationale:** As noted on page 112 of the Chronic Pain Medical Treatment Guidelines, Voltaren Gel (Diclofenac) is not recommended as a first-line treatment. Diclofenac is recommended for osteoarthritis after failure of an oral NSAID, contraindications to oral NSAIDs, or for patients who cannot swallow solid oral dosage forms, and after considering the increased risk profile with Diclofenac, including topical formulations. According to FDA MedWatch, post-marketing surveillance of Diclofenac has reported cases of severe hepatic reactions, including liver necrosis, jaundice, fulminant hepatitis with and without jaundice, and liver failure. With the lack of data to support superiority of Diclofenac over other NSAIDs and the possible increased hepatic and cardiovascular risk associated with its use, alternative analgesics and/or non-pharmacological therapy should be considered. As such the request for this medication cannot be recommended as medically necessary at this time.

**Pantoprazole Sodium DR 20 mg # 90 with 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - online version Integrated Treatment/Disability Duration Guidelines Pain (Chronic) Proton pump inhibitors (PPIs)

**Decision rationale:** As noted in the Official Disability Guidelines - Online version, Pain Chapter, proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age > 65 years; 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). There is no indication that the patient is at risk for gastrointestinal events requiring the use of proton pump inhibitors. Furthermore, long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. As such, the request for this medication cannot be established as medically necessary.

**Naproxen Sodium 550 mg # 90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, NSAIDs, specific drug list & adverse effects Page(s): 70.

**Decision rationale:** As noted on page 70 of the Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There is no documentation that these monitoring recommendations have been performed and the patient is being monitored on a routine basis. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Further, there is no indication the patient cannot benefit from over-the-counter NSAIDs on an as needed basis. As such, the request for this medication cannot be established as medically necessary.