MAXIMUS Federal Services

Case Number:	CM14-0094274		
Date Assigned:	09/12/2014	Date of Injury:	02/06/2013
Decision Date:	12/26/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

According to the records made available for review, the injured worker is a 44 year-old female with a date of injury of 02/06/2013. The result of the injury was low back pain, left lateral elbow pain, and right upper extremity pain. Diagnoses have included left and right lateral epicondylitis, right upper extremity repetitive strain injury, carpal tunnel syndrome, and chronic low back pain. Treatments have included medications, as well as physical therapy to the right shoulder, bilateral elbow, and right wrist. Medications have included Nabumetone, Hydrocodone/Acetaminophen, Pantoprazole, and Diclofenac Sodium. Diagnostic studies were not included in the submitted documentation. On 01/07/2014, the treating physician documented the injured worker's work status to be full duty with no restrictions, and as not permanent and stationary. A progress note dated 05/06/2014 documents the injured worker's reports of low back pain and right upper extremity pain. Objective findings at this time include tenderness in the cervical region, tenderness in the left elbow with full range of motion, tenderness in the right shoulder with decreased range of motion, and tenderness in the right elbow with decreased sensation. The request is being made for Diclofenac/Versapro quantity 15; Nabumetone 500mg quantity 60; and Pantoprazole 20mg quantity 60. On 05/21/2014, Utilization Review non-certified requests for Diclofenac/Versapro quantity 15; Nabumetone 500mg quantity 60; and Pantoprazole 20mg quantity 60. The Diclofenac/Versapro quantity 15 was non-certified based on the California MTUS Chronic Pain Treatment Guidelines: Topical Analgesics. The Nabumetone 500mg quantity 60 was non-certified based on the California MTUS Chronic Pain Treatment Guidelines: Nabumetone. The Pantoprazole 20mg quantity 60 was non-certified based on the California MTUS Chronic Pain Treatment Guidelines: Risk for gastrointestinal events.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac/Versapro QTY: 15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: The provider is requesting Diclofenac/Versapro quantity 15, a topical compound. The report making the request is missing. The MTUS guidelines page 111 on topical analgesics states that topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment of osteoarthritis. It is, however, indicated for short term use, between 4-12 weeks. It is indicated for patient with Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The records show that the patient was prescribed Diclofenac Sodium 1.5% on 11/08/2013. The 12/16/2013 shows that the patient complains of right shoulder, right elbow, and right wrist pain. She notes neck pain radiating into the right upper extremity with numbness and tingling. The provider also notes, "Diclofenac topically [is] helpful for her pain." The 01/30/2014 report notes that the patient's current pain level is at 6/10, which increases to 8/10 after working. She continues to report right shoulder, right elbow and right wrist pain with intermittent numbness and tingling. In this case, while the use of this topical compound is supported for the treatment of elbow, knee and other joints, it is not supported for the spine, hip and shoulder. It is unclear how the patient is utilizing this topical compound and the provider does not discuss it either. Therefore, this request is not medically necessary.

Nabumetone 500mg QTY: 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory; Medications for Chronic Pain Page(s): 22, 60.

Decision rationale: The provider is requesting Nabumetone 500mg quantity 60. The report making the request is missing. The MTUS Guidelines page 22 on anti-inflammatory medication states that anti-inflammatories are the traditional first-line treatment to reduce pain so activity and functional restoration can resume, but long term use may not be warranted. MTUS page 60 on medications for chronic pain states that pain assessment and functional changes must also be noted when medications are used for chronic pain. The records show that the patient was prescribed Nabumetone on 11/08/2013. In this same report, the provider notes, "..Relafen, and Protonix has helped her pain significantly." Given that the provider has noted medication efficacy in relation to Nabumetone use, this request is medically necessary.

Pantoprazole 20mg QTY: 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risks Page(s): 68, 69.

Decision rationale: The provider is requesting Pantoprazole 20mg quantity #60. The report making the request is missing. The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks states, "Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions." MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The records show that the patient was prescribed Pantoprazole on 11/08/2013. The 11/08/2013 report notes, "She does have some GI discomfort with the Relafen and uses it sparingly with Protonix.." Given that the provider has noted gastrointestinal issues with the use of NSAIDs, the request for Pantoprazole is reasonable. Therefore, this request is medically necessary.