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| <b>Case Number:</b>   | CM15-0010444 |                              |            |
| <b>Date Assigned:</b> | 01/28/2015   | <b>Date of Injury:</b>       | 09/28/2009 |
| <b>Decision Date:</b> | 03/24/2015   | <b>UR Denial Date:</b>       | 12/16/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/19/2015 |

### 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, Hawaii

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:

The injured worker is a female patient, who sustained an industrial injury on 09/28/2009. A primary treating office visit dated 12/02/2014 reported subjective complaints of continued neck, mid back and low back pain. Prior history revealed cervical disc herniation with course of functional restoration completed post procedure and was prescribed Norco for pain control. Of note, the patient has been out of the country for several months and has not been able to obtain medications. Objective findings showed patient with normal gait, pain with palpation over the lower lumbar spine and cervical paraspinal muscles; no neurologic deficit. Current medications are; Voltaren Cream, Hydrocodonebit/APAP 10/325 and Pantoprazole. She is diagnosed with cervical lumbar displacement without myelopathy; lumbar disc displacement without myelopathy and psychogenic pain. The plan of care noted to involve discontinuing Norco and placed her on Buprenorphine. The patient remains permanent and stationary with follow up in six weeks. On 12/16/2014 Utilization Review non-certified a request for medications Buprenorphine, Pantoprazole and Voltaren Gel, noting the CA MTUS Chronic Pain, Opioids, NSAIDS, Gastrointestinal symptom and Topical Analgesia were cited. The injured worker submitted an application for independent medical review of requested services.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pantoprazole Protonix 20mg #30: 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 & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The patient presents with pain affecting the neck, low back, and mid back. The current request is for Pantoprazole Protonix 20mg #30. The treating physicians report dated 12/2/14 (20F) states, She has developed upper gastrointestinal symptoms, which have yet to become chronic. She has been prescribed Protonix on an industrial basis. The MTUS guidelines state Omeprazole is recommended with precautions, (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). Clinician should weigh indications for NSAIDs against GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events. Medical reports provided, show the patient has been taking Protonix since at least 10/31/13. In this case, the patient is unable to take NSAIDs orally due to upper gastrointestinal symptoms, which the treating physician has prescribed Protonix to help provide relief. The current request satisfies the MTUS guidelines as outlined on pages 68-69. Recommendation is for authorization

**Voltaren Gel 1%: 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): 111-112.

**Decision rationale:** The patient presents with pain affecting the neck, low back, and mid back. The current request is for Voltaren Gel 1%. The treating physician report dated 12/2/14 (20F) states, the Diclofenac cream has been effective in relieving her pain. The MTUS guidelines state the following regarding topical NSAIDs: Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. Medical reports provided show the patient has been using Voltaren Gel since at least 10/31/13. The progress report dated 12/2/14 states, She is unable to take anti-inflammatories orally. A progress report dated 10/31/13 (21E) states, her EMG of the bilateral upper extremities did show severe carpal tunnel in the right. In this case, the patient cannot take NSAIDs orally, the patient has severe carpal tunnel, and the treating physician has documented functional improvement from the use of this medication but topical NSAIDs are only supported for short term use (4-12 weeks). The use of this medication is outside of the 4-12 weeks recommended by the MTUS guidelines. Recommendation is for denial.

