

<b>Case Number:</b>	CM15-0070547		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	06/12/2014
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	03/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 59 year old female patient who sustained an industrial injury on 06/12/2014. A primary treating office visit dated 11/14/2014 reported the patient with subjective complaint of cervical, lumbar pain, left knee pain. She is diagnosed with cervical pain; low back pain; shoulder pain, and knee pain. The plan of care involved: continue with medications, undergo lumbar and cervical magnetic resonance imaging, and follow up visit. She is to remain temporary totally disabled for 6 weeks. A follow up visit dated 01/13/2015 reported subjective complaints of neck, back and left knee pains. The following diagnoses are applied: cervical strain/sprain; lumbar spine strain/sprain, and left knee pain. The plan of care involved participating in therapy, and follow up visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medications: Voltaren XR, 100mg, quantity: 60 refill: unspecified: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PPIs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NONSELECTIVE NSAIDS: Diclofenac sodium (Voltaren, Voltaren-XR) Page(s): 71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)-Diclofenac sodium (Voltaren, Voltaren-XR).

**Decision rationale:** Medications: Voltaren XR, 100mg, quantity: 60 refill: unspecified is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and the ODG. The ODG states that Diclofenac sodium (Voltaren, Voltaren-XR) is not recommend as first line due to increased risk profile. The MTUS states that Voltaren-XR: 100 mg PO once daily for chronic therapy. Voltaren-XR should only be used as chronic maintenance therapy. The documentation does not indicate that the patient has failed first line NSAIDs and the guidelines do not recommend this medication as first line due to increased risk profile therefore the request for Voltaren XR is not medically necessary.

**Protonix -strength: 20mg; quantity: unspecified refills: 0; taken by mouth, for the management of submitted diagnosis of cervical pain, shoulder pain, low back pain and knee pain as an outpatient: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain- Proton pump inhibitors (PPIs).

**Decision rationale:** The request for Protonix, strength: 20mg; quantity: unspecified refills: 0; taken by mouth, for the management of submitted diagnosis of cervical pain, shoulder pain, low back pain and knee pain as an outpatient is not medically necessary per the MTUS and the ODG Guidelines. The ODG states that a trial of omeprazole or lansoprazole had been recommended before prescription Nexium therapy. The other proton pump inhibitors such as Protonix, Dexilant, and Aciphex, should be second-line. The MTUS guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria (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). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The documentation does not indicate that the patient meets the criteria for a proton pump inhibitor as the NSAID Voltaren was not deemed necessary and there was no failure of first line therapy therefore the request for Protonix is not medically necessary. NSAIDs, GI symptoms & cardiovascular risk- pages 68-69.