

Case Number:	CM15-0092278		
Date Assigned:	05/18/2015	Date of Injury:	10/27/2011
Decision Date:	06/17/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/13/2015

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: Massachusetts

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

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 53-year-old male, who sustained an industrial injury on 10/27/2011. The injured worker is currently temporarily totally disabled and not working. The injured worker is currently diagnosed as having chronic pain, cervical disc displacement, cervical radiculitis, cervical spinal stenosis, lumbar radiculitis, bilateral elbow pain, bilateral knee pain, bilateral shoulder pain, chronic constipation, gastritis, medication related dyspepsia, and lumbar compression fracture. Treatment and diagnostics to date has included cervical spine MRI that showed disc protrusion, abnormal nerve conduction studies showed mild slowing of the sensory branches of the ulnar nerves from the elbows to the wrists bilaterally, urine drug screens, and medications. In a progress note dated 04/10/2015, the injured worker presented with complaints of neck, low back, upper extremity, and lower extremity pain and medicine related gastrointestinal upset. Objective findings include tenderness to palpation at the right acromioclavicular joint, bilateral anterior shoulders, and the bilateral elbows and decreased range of motion of the bilateral shoulders due to pain. The treating physician reported requesting authorization for Pantoprazole, Enovarx-Ibuprofen, and psychiatric evaluation for depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (GI symptoms and cardiovascular risk).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-71.

Decision rationale: The claimant sustained a work injury in October 2011 and continues to be treated for chronic neck, low back, and upper and lower extremity pain. When seen, he was having ongoing pain, unchanged since the previous visit. He was having symptoms of GERD associated with his medications, constipation, and difficulty sleeping. Physical examination findings included a slow gait. There was decreased and painful cervical spine range of motion with trapezius and paraspinal muscle tenderness. There was decreased strength and sensation. He had decreased and painful shoulder range of motion with tenderness. Authorization for a psychiatric evaluation for depression was requested. Topical ibuprofen, Pantoprazole, and gabapentin were prescribed. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant is not taking an oral NSAID. Topical NSAIDs such as diclofenac cream, which could be considered, have a better safety profile than oral NSAIDs and adverse effects secondary to topical NSAID use occurs in about 10 to 15% of patients and are primarily cutaneous with a rash and/or pruritus where the topical NSAID is applied. Overall, gastrointestinal adverse drug reactions are rare and not likely associated with topical NSAIDs after adjustment for use of other drugs. Therefore, prescribing Pantoprazole was not medically necessary.

Enovarx-ibuprofen 10% kit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

Decision rationale: The claimant sustained a work injury in October 2011 and continues to be treated for chronic neck, low back, and upper and lower extremity pain. When seen, he was having ongoing pain, unchanged since the previous visit. He was having symptoms of GERD associated with his medications, constipation, and difficulty sleeping. Physical examination findings included a slow gait. There was decreased and painful cervical spine range of motion with trapezius and paraspinal muscle tenderness. There was decreased strength and sensation. He had decreased and painful shoulder range of motion with tenderness. Authorization for a psychiatric evaluation for depression was requested. Topical ibuprofen, Pantoprazole, and gabapentin were prescribed. Compounded topical preparations of ibuprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. The claimant has not had a trial of topical diclofenac and therefore this medication was not medically necessary.

Psychiatric evaluation for depression within MPN: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, p127.

Decision rationale: The claimant sustained a work injury in October 2011 and continues to be treated for chronic neck, low back, and upper and lower extremity pain. When seen, he was having ongoing pain, unchanged since the previous visit. He was having symptoms of GERD associated with his medications, constipation, and difficulty sleeping. Physical examination findings included a slow gait. There was decreased and painful cervical spine range of motion with trapezius and paraspinal muscle tenderness. There was decreased strength and sensation. He had decreased and painful shoulder range of motion with tenderness. Authorization for a psychiatric evaluation for depression was requested. Topical ibuprofen, Pantoprazole, and gabapentin were prescribed. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant has complaints related to the neck, back, and left lower extremity. There is no identified active psychiatric condition or complaint and the claimant is not taking any psychoactive medication. The issue to be clarified and the reason for the request is not specified and not medically necessary.