

Case Number:	CM15-0007308		
Date Assigned:	01/26/2015	Date of Injury:	06/12/2014
Decision Date:	10/30/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/13/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 who sustained an industrial injury June 12, 2014. Diagnoses have included cervicgia, lumbago, shoulder joint pain, and arthropathy in the lower leg. Treatments include 24 sessions of physical therapy and medication including Orphenadrine ER and Naproxen. The injured worker continued to report left knee pain continuously radiating into the back of her knee, and the provider noted 12-17-14 that there was left knee tenderness with "slow resolution to treatment." Low back and neck was described as having sharp and stabbing pain. The treating physician's plan of care included a request on 12-18-14 for Voltaren XR, Fexmid, and Protonix and all were deemed not medically necessary on 12-29-14. She was not working during this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren XR, 100mg QTY: 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Appendix A ODG Workers' Compensation Drug Formulary.

Decision rationale: The injured worker sustained a work related injury on June 12, 2014. Diagnoses have included cervicgia, lumbago, shoulder joint pain, and arthropathy in the lower leg. Treatments include 24 sessions of physical therapy and medication including Orphenadrine ER and Naproxen. The medical records provided for review do not indicate a medical necessity for Voltaren XR, 100mg QTY: 60. Diclofenac Sodium (Voltaren, Voltaren-XR) is an NSAID. The MTUS recommends the use of the lowest dose for the shortest period in patients with moderate to severe pain. Also, the MTUS states that no one NSAID can be recommended above the other based on efficacy. The medical records indicate the injured worker was self-medicating with Advil (Ibuprofen) until in 07/204 when she met a physician who placed her on Naproxen 550mg, Protonix and Cyclobenzaprine. No explanation was given on why the Naproxen was replaced with Volatren XR. The Official Disability Guidelines does not recommend the use of Diclofenac as a first line agent. It is categorized as an "N" medication, and therefore requires preauthorization, with explanation on why it is being used rather than the first line agents. In the absence of explanation on why this medication is being used rather than first line agents, this medication is not medically necessary.

Fexmid (Cyclobenzaprine) 7.5mg, QTY: 60: 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), non-sedating muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The injured worker sustained a work related injury on June 12, 2014. Diagnoses have included cervicgia, lumbago, shoulder joint pain, and arthropathy in the lower leg. Treatments include 24 sessions of physical therapy and medication including Orphenadrine ER and Naproxen. The medical records provided for review do not indicate a medical necessity for: Fexmid (Cyclobenzaprine) 7.5mg, QTY: 60. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic Low back pain. Fexmid (Cyclobenzaprine) is a muscle relaxant with a recommended dosing of 5 to 10 mg three times a day, for no longer than 2-3 weeks. The medical records indicate the injured worker was self-medicating with Advil (Ibuprofen) until in 07/204 when she met a physician who placed her on Naproxen 550mg, Protonix and Cyclobenzaprine. Therefore, the medication is not medically necessary, as usage has exceeded the guidelines recommendation of 2-3 weeks.

Protonix (Pantoprazole) 20mg, QTY: 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The injured worker sustained a work related injury on June 12, 2014. Diagnoses have included cervicalgia, lumbago, shoulder joint pain, and arthropathy in the lower leg. Treatments include 24 sessions of physical therapy and medication including Orphenadrine ER and Naproxen. The medical records provided for review do not indicate a medical necessity for Protonix (Pantoprazole) 20mg, QTY: 30. Pantoprazole is a proton pump inhibitor. The MTUS recommends that clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. 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 Aspirin, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose Aspirin). The medical records indicate the injured worker suffers from dyspepsia; therefore, it is appropriate for her to be on proton pump inhibitor if she is being treated with NSAID. Nevertheless, it is not medically necessary for her to continue on this medication since the Voltaren XR has been determined not to be medically necessary.