

Case Number:	CM13-0009665		
Date Assigned:	11/27/2013	Date of Injury:	04/03/2006
Decision Date:	02/07/2014	UR Denial Date:	07/09/2013
Priority:	Standard	Application Received:	08/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Cardiology, has a subspecialty in Fellowship trained in Cardiovascular Disease and is licensed to practice in Texas. 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 physician 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:

The patient is a female who reported an injury on 04/03/2006. Her date of birth was not provided in the medical records. It was noted that the injury occurred while she was inputting data into the computer and felt pain in her neck, shoulders, left arm, and wrists. Her diagnoses include cervical spinal stenosis and shoulder pain. Her symptoms were reported as intermittent pain at the base of her neck with paresthesias in the arms. Her objective findings were noted to include full range of motion of the cervical spine with pain, normal motor strength and sensation to her bilateral upper extremities, and decreased deep tendon reflexes to her bilateral upper extremities. Her most recent note dated 05/10/2013 indicates that her prescribed medications included Voltaren 100 mg daily, Zanaflex comfort pack 4 mg apply to the affected area 3 to 4 times a day, and Prilosec 20 mg twice a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review for date of service of 05/10/2013 for pharmacy purchase of diclofenac 100mg #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 Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page(s): 67-68.

Decision rationale: The Chronic Pain Guidelines state that non-steroidal anti-inflammatory drugs (NSAIDs) are recommended as a second line treatment, after acetaminophen for the treatment of acute exacerbations of chronic pain. The clinical information submitted for review failed to indicate whether the patient had a trial of acetaminophen prior to starting NSAIDs. Additionally, there was no documentation in the medical records regarding any adverse effects that the patient may have had, or her outcome on this medication. Therefore, it is unknown whether the patient receives pain relief and increased function with the use of this medication. In the absence of a detailed medication history, the patient's outcome on this medication, and other details, including adverse effects, the request is not supported.

Retrospective review for date of service of 05/10/2013 for pharmacy purchase of tizanidine comfort pac #2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: The Chronic Pain Guidelines indicate that topical analgesics are largely experimental with limited evidence of efficacy and safety. It further specifies that there is no evidence for the use of any muscle relaxant as a topical product. Therefore, the request for topical tizanidine is not supported.

Retrospective review for date of service of 05/10/2013 for pharmacy purchase of omeprazole 20mg #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: Chapter Pain,

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

Decision rationale: The Chronic Pain Guidelines indicate that the use of proton pump inhibitors is recommended for patients taking NSAID medications who have risk factors for gastrointestinal events or cardiovascular disease. The risk factors for gastrointestinal events are noted to include age greater than 65 years; history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, or an anticoagulant; or high doses of NSAID medications. The clinical information submitted for review failed to indicate whether the patient had a history of cardiovascular disease or risk factors for gastrointestinal events. She is noted to be taking an NSAID; however, without documentation regarding the patient's risk for gastrointestinal events or cardiovascular disease, the use of a proton pump inhibitor is not supported.

