

Case Number:	CM13-0011919		
Date Assigned:	09/24/2013	Date of Injury:	11/15/2004
Decision Date:	01/09/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	08/15/2013

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 is licensed to practice in New York. 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.

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 claimant is a 61 year old female with a date of injury of 11/15/2004. The mechanism of injury was not provided. The beneficiary has diagnoses of chronic low back, left knee pain, neck, and right shoulder pain. Per the medical documentation the claimant has moderate reduction in the range of motion of the cervical and lumbar spines. There is also tenderness noted at the L4-S1 level and C4-C7 levels as well as myofascial tenderness on palpation to both the cervical and lumbar spines. Treatment has included medical therapy, physical therapy, injection therapy, and acupuncture. The beneficiary has undergone a right shoulder arthroscopy and a left total knee arthroplasty. The treating provider has requested a urine specimen, Votaren gel 1%, Vitamin D, Pantoprazole, and Naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine specimen (through One Call Medical 866-557-8670): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: The Chronic Pain Guidelines indicate that screening is recommended in chronic pain patients to differentiate dependence and addiction with opioids as well as

compliance and potential misuse of other medications. In this case, the employee's provider requested a urine drug screen. The employee is maintained on a medical regimen which includes only the nonsteroidal anti-inflammatory medications Naproxen and Voltaren gel 1%. The employee is not maintained on opiate therapy and there is no documentation of any cautionary red flags for opioid abuse or addiction. There are no documented risk factors noted for abuse or addiction and the employee has had two previous urine studies, dated 03/25/2013, and 05/22/2013. Medical necessity for the requested service has not been established. The request for urine specimen (through [REDACTED]) is not medically necessary and appropriate.

Voltaren gel 1% (through Express Scripts 800-945-5951): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: Voltaren gel 1% is a topical non-steroidal anti-inflammatory drug (NSAID) indicated for the treatment of chronic musculoskeletal pain. The Chronic Pain Guidelines indicate that the medication is indicated for use in patients unable to tolerate oral NSAIDs due to gastrointestinal (GI) intolerance or considered at high risk for potential GI side effects. In this case, the employee is maintained on oral NSAID therapy with Naproxen. There is no indication for both oral and topical NSAID therapy for the treatment of chronic pain. Medical necessity for Voltaren gel 1% has not been established. The request for Voltaren gel 1% (through Express Scripts 800-945-5951) is not medically necessary and appropriate.

Vitamin D 2000 units #90 (through Express Scripts 800-945-5951): 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine: Vitamin D.

Decision rationale: The medical literature indicates that Vitamin D is appropriate for the treatment of chronic pain. In this case, the employee has been maintained on Vitamin D therapy since 01/25/2011. There has been no recent OH-25 Vitamin D level noted. The recommendation is to keep the level > 30. Medical necessity for the present dose of Vitamin D at 2,000units per day has not been established. The request for Vitamin D 2000 units #90 (through [REDACTED]) is not medically necessary and appropriate.

Pantoprazole Dr 20mg #60 (through Express Scripts): Upheld

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

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

Decision rationale: The Chronic Pain Guidelines indicate that proton pump inhibitors are recommended for patients taking NSAIDs with documented GI distress symptoms or specific GI risk factors. In this case, there is no documentation indicating the employee has any symptoms or GI risk factors. GI risk factors include: age >65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants or high dose/multiple NSAID. Based on the available information provided for review, the medical necessity for Pantoprazole has not been established. The requested medication is not medically necessary. The request for Pantoprazole Dr 20mg #60 (through [REDACTED]) is not medically necessary and appropriate.

Naproxen 500 mg #60 (through Express Scripts): Overturned

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 (non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: The Chronic Pain Guidelines indicate that Naproxen is a non-steroidal anti-inflammatory medication (NSAID). These medications are recommended for the treatment of chronic pain as a second line therapy after acetaminophen. The requested medication, Naproxen is medically necessary for the treatment of the employee's pain condition. The documentation indicates the employee has significant cervical and lumbar pain and the medication has proved beneficial for pain control. Medical necessity for the requested medication has been met. The request for Naproxen 500 mg #60 (through [REDACTED]) is medically necessary and appropriate.