

Case Number:	CM13-0040986		
Date Assigned:	12/20/2013	Date of Injury:	07/29/2005
Decision Date:	02/12/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/29/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 53 YO male with a date of injury. The patient has diagnoses of Tenosynovitis and severe myofascial pain syndrome of the left upper extremity. According to report dated 10/02/2013 by [REDACTED], patient presents with increased pain in his low back radiating to his left lower extremity. He states his neck and left upper extremity is stable. Physical examination showed unchanged contracture of the left hand, swollen left supra clavicular fossa, tender trigger points over the neck and posterior shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Tylenol 325mg: 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 Chronic Pain Medical Treatment Guidelines MTUS guidelines pg 11 & 12 states acetaminophen and NS.

Decision rationale: This patient presents with increased pain in his low back radiating to his left lower extremity. UR letter dated 10/08/2013 agrees with the treater's Tylenol 325mg prescription for patient's moderate chronic pain with gastrointestinal issues. However, the treater does not

specify the quantity. Therefore UR modified certification to 1 prescription of Tylenol 325mg #60. In this case, the patient has been taking Tylenol 325 mg as MTUS guidelines pg 11,12 states acetaminophen and NSAIDs have been recommended as first-line therapy for low back pain. However, the treater needs to provide the quantity or duration. UR modification to #60 appears appropriate and the treater has not provided any additional information. Recommendation is for denial of unspecified quantity of Tylenol 325 mg.

One prescription of Prilosec 20mg #60: Overturned

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 Chronic Pain Medical Treatment Guidelines MTUS pg 69. NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: This patient suffers from chronic low back pain with radicular symptoms into left leg. The review of the reports show that the patient has stomach upset issues with NSAIDS, and that Voltaren is being tapered. The patient is prescribed Prilosec to counter GI side effects. MTUS guidelines support GI prophylaxis with PPI when patients are on NSAIDS and there is a problem with gastritis. Recommendation is for authorization.

One prescription of Voltaren 1% gel: 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 Chronic Pain Medical Treatment Guidelines..

Decision rationale: This patient presents with increased pain in his low back radiating to his left lower extremity. Treater requests reconsideration in appeal letter dated 10/16/2013, stating patient has history of stomach upset with oral NSAIDs and Voltaren is recommended by MTUS when there is contraindication to oral NSAIDs. Report dated 06/27/2013 states patient will stop Naproxen and will try Voltaren 1% gel. PR reports state patient presents with increased pain in his low back radiating to his left lower extremity. He states his neck and left upper extremity is stable. MTUS guidelines state the efficacy in clinical trials for this topical NSAID modality has been inconsistent and most studies are small and of short duration. Indications are for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. As indicated in the provided medical reports, patient's complaints are of low back pain with some trigger points over the neck and posterior shoulders. The patient does not suffer from peripheral joint arthritis or tendinitis problems for which topical NSAIDs are indicated. Recommendation is for denial.