

Case Number:	CM13-0043580		
Date Assigned:	12/27/2013	Date of Injury:	04/14/2002
Decision Date:	05/21/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/24/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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/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 injured worker reported an injury on 02/14/2004. The mechanism of injury was not stated. Current diagnoses include displacement of lumbar intervertebral disc without myelopathy, unspecified ankle sprain, and enthesopathy of the hip region. The injured worker was evaluated on 10/09/2013. The injured worker reported severe neck pain with radiation to bilateral upper extremities. Physical examination revealed limited cervical range of motion, tenderness to palpation of the cervical spine, limited lumbar range of motion, tenderness to palpation over the left-sided lumbar paraspinal muscles consistent with spasm, negative straight leg raising, atrophy in the right calf, diminished sensation in the L4 through S1 dermatomes, and moderate tenderness to palpation of the right knee with positive McMurray's testing. Treatment recommendations at that time included prescriptions for Lyrica, Norco, MS-Contin, Lunesta, Celexa, Colace, and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE REQUEST FOR OMEPRAZOLE 20MG BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Chapter Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Chapter Page(s): 68-69.

Decision rationale: California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. There is no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the injured worker does not meet criteria for the requested medication. As such, the request for Omeprazole 10mg bid #60 is not medically necessary and appropriate.

THE REQUEST FOR VOLTAREN GEL QID 2GMS TO AFFECTED AREA, 100GMS TUBES #3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s): 112.

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

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The only FDA approved topical NSAID is Voltaren gel, which is indicated for the relief of osteoarthritis pain. It has not been evaluated for treatment of the spine, hip or shoulder. Therefore, the request for Voltaren Gel qid 2gms to affected area, 100gms tubes #3 is not medically necessary and appropriate.