

Case Number:	CM14-0009623		
Date Assigned:	02/14/2014	Date of Injury:	09/06/2011
Decision Date:	06/24/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/24/2014

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 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 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 is a 25-year-old female who reported an injury on September 6, 2011. The mechanism of injury was a motor vehicle accident. The injured worker's past medical history included a history of an ulcer with nonsteroidal anti-inflammatory drug use. The documentation of December 18, 2013 revealed the injured worker had neck pain radiating from the neck down the left arm and back pain radiating from the low back down to the left leg. The injured worker indicated they had some improvement in low back and radiating pain since the transforaminal epidural steroid injection on December 13, 2013. The current medications included AcipHex 20 mg 1 tablet twice a day for 4 weeks and Voltaren gel applied to affected body part 2 to 3 times per day. The diagnoses included low back pain, pain in limb, pain in joint lower leg, and cervical strain. The treatment plan included the injured worker was authorized for a GI consultation and was awaiting a call to schedule an appointment. The treatment plan included trial AcipHex 20 mg twice a day for 4 weeks only with a start date of September 25, 2013 and decrease to once daily pending the advice of the gastroenterologist. Additionally, the medication request was made for Voltaren 1% gel to apply to the affected body part 2 to 3 times per day.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACIFEX 20 MG 1 TAB P.O. BID X 4 WEEKS # 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , PAGES 68-69

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California MTUS Guidelines recommend PPIs for the diagnosis of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review failed to indicate the injured worker had signs or symptoms of dyspepsia. Additionally, it was noted the injured worker was on the medications since September 2013 and there was a lack of documentation indicating a necessity for twice a day dosing. There was a lack of documentation indicating the injured worker had seen the gastroenterologist as the recommendation was made in September. Given the above and the lack of documented efficacy for the requested medication and the necessity for gastroenterologist visit, the request for AcipHex 20 mg 1 tablet by mouth twice a day times 4 weeks #60 is not medically necessary.

VOLTAREN GEL 1% GEL APPLY TO AFFECTED AREA 2-3 X'S PER DAY (100 MG. TUBE) #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , PAGE 112

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Voltaren Gel Page(s): 111.

Decision rationale: The California MTUS states Voltaren® Gel 1% (diclofenac) is an FDA-approved agent indicated for relief of osteoarthritis pain in joints that lends themselves to topical treatment such as the ankle, elbow, foot, hand, knee, and wrist. It has not been evaluated for treatment of the spine, hip or shoulder. Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity). The clinical documentation submitted for review failed to indicate the injured worker had the diagnosis of osteoarthritis. There was a lack of documentation indicating the areas that would be treated to support the use. The clinical documentation indicated the injured worker had been utilizing the medication. There was a lack of documentation indicating the duration of use. Given the above and the lack of documentation of objective functional benefit, the request is not medically necessary.