

<b>Case Number:</b>	CM14-0012936		
<b>Date Assigned:</b>	02/24/2014	<b>Date of Injury:</b>	08/29/2010
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/31/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

Patient is a 53-year-old female who has submitted a claim for knee pain; left, lumbar radiculopathy, degenerated disc disease; lumbar, displacement; lumbar disc w/o myelopathy and Lumbago associated with an industrial injury date of 8/29/2010. Medical records from 2013 were reviewed which revealed chronic severe low back pain. Current pain scale without medication was 6/10 and 2-3/10 with medication. Physical examination of the lumbosacral spine revealed sciatic notch tenderness, which was present bilaterally. Sitting straight leg raise was positive bilaterally. Gait was antalgic. Right lumbar spasm was noted. There was also weakness on bilateral lower extremities. Treatment to date has included physical therapy, TENS and SCS implant. Medications taken include, Xodol, Fexmid, Voltaren XR, Nexium, Lipitor, Trazodone, Diazepam and Citalopram Hydrobromide. Utilization review from 1/17/14 denied the requests for Medrol, Nexium and Voltaren XR. Regarding Medrol, it was denied because guidelines do not support the medical necessity of this request. Regarding Nexium, it was denied because patient was utilizing this medication for NSAID induced gastritis/reflux. However, the request for Voltaren XR is not supported which negates the need for this concomitant medication. Lastly, Voltaren XR was denied because long-term use of NSAID is not supported.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDROL PAK 4 MG #1, AS PRESCRIBED ON 12/31/2013: 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 Official Disability Guidelines (ODG) Low Back Chapter, Corticosteroid Section.

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines, Low Back Chapter was used instead. ODG states that oral/parenteral/IM corticosteroids are recommended for acute radicular pain, not for acute non-radicular pain or chronic pain. In this case, patient was prescribed Medrol dose pak since at least July 11, 2013. However, patient's pain is not radiculopathy in nature. In addition, functional improvement and quantified pain measures were also not evident. Medical necessity has not been established. Therefore, the request for medrol pak 4 mg #1, as prescribed on 12/31/2013 is not medically necessary.

**NEXIUM 40 MG #30, AS PRESCRIBED ON 12/31/2013:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 2009, Proton Pump Inhibitor Page(s): 68.

**Decision rationale:** As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. In this case, the rationale given for this medication is to avoid gastric reflux associated with long-term medication use. However, patient has no subjective complaints and objective findings pertaining to the gastrointestinal system that warrant the use for Nexium. Therefore, the request for NEXIUM 40 MG #30, AS PRESCRIBED ON 12/31/2013 is not medically necessary.

**VOLTAREN-XR 100 MG #60, AS PRESCRIBED ON 12/31/2013:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 2009, NSAIDs Page(s): 22-46.

**Decision rationale:** As stated on pages 22 and 46 of CA MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in

patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. Long-term use of NSAIDs is not warranted. In this case, patient was given Voltaren XR, a kind of NSAID since July 11, 2013. However, benefit from the said medication was not reported in the medical records. In addition, long-term use of NSAID is not recommended. Therefore, the request for VOLTAREN-XR 100 MG #60, AS PRESCRIBED ON 12/31/2013 is not medically necessary.