

Case Number:	CM14-0123935		
Date Assigned:	08/08/2014	Date of Injury:	10/14/2013
Decision Date:	10/03/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/06/2014

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 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 29 year old female injured on 10/14/13 while participating in an outdoor activity contained within an inflatable zorb ball the injured worker's head was struck resulting in migraines, vision impairment, and tremors. The clinical note dated 05/19/14 indicated the injured worker complained of intermittent neck pain, constant low back pain, and headaches/ migraines occurring 2-3 times per week lasting approximately 24 hours. The injured worker also complained of tremors of the head 2-3 times per week lasting approximately 5-10 minutes. Medications included Pantoprazole, Cyclobenzaprine, Naproxen, Amitriptyline, and Nortriptyline. Physical examination revealed diffuse paraspinal tenderness C4 through C7 as well as the upper trapezius, decreased cervical range of motion, motor strength 5/5 in the bilateral upper extremities, sensation within normal limits to the bilateral upper extremities, deep tendon reflexes 2+ to the bilateral upper and lower extremities, decreased lumbar range of motion, positive straight leg raise bilaterally, and lumbar spine tenderness at L4-S1 as well as superior iliac crest tenderness. The retrospective review of Cambia 50mg and Prilosec 20mg was initially non-certified on 07/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective review of Cambia 50mg , pack 9, mix packet with 1-2oz of water refill #
PRN: Upheld**

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67, 68, 69,71.

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

Decision rationale: As noted on page 43 of the Chronic Pain Medical Treatment Guidelines, Diclofenac is not recommended as first line treatment due to increased risk profile. Post marketing surveillance has revealed that treatment with all oral and topical Diclofenac products may increase liver dysfunction, and use has resulted in liver failure and death. The United States Federal Drug Administration advised physicians to measure transaminases periodically in patients receiving long-term therapy with Diclofenac and issued warnings about the potential for elevation in liver function tests during treatment with all products containing Diclofenac sodium. Cambia (Diclofenac potassium) is not recommended. With the lack of data to support superiority of Diclofenac over other NSAIDs and the possible increased hepatic and cardiovascular risk associated with its use, alternative analgesics and/or non-pharmacological therapy should be considered. As such, the Retrospective review of Cambia 50mg, pack 9, mix packet with 1-2oz of water refill # PRN is not medically necessary.

Retrospective review of Prilosec 20mg CPDR 60 1 po BID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors

Decision rationale: As noted in the Official Disability Guidelines - Online version, Pain Chapter, proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is no indication that the injured worker is at risk for gastrointestinal events requiring the use of proton pump inhibitors. Furthermore, long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. As such, the Retrospective review of Prilosec 20mg CPDR 60 1 po BID cannot be established as medically necessary.