

Case Number:	CM14-0144176		
Date Assigned:	09/12/2014	Date of Injury:	12/05/2012
Decision Date:	11/03/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	09/05/2014

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 54-year-old female who sustained an injury on December 5, 2012. She is diagnosed with (a) cervicalgia, (b) lumbago, and (c) other affections of the shoulder region. She was seen for an evaluation on August 12, 2014. She reported complaints of neck pain with radiation to the upper extremities and low back pain with radiation to the lower extremities. She also complained of right shoulder pain. The examination of the cervical pain revealed paravertebral muscle tenderness with spasms. The axial loading compression test was positive. The Spurling's maneuver was positive as well. The range of motion was limited with pain. The examination of the lumbar spine revealed paravertebral muscle tenderness and spasm. The seated nerve root test was positive. The standing flexion and extension were guarded and restricted. The examination of the right shoulder revealed tenderness around the anterior glenohumeral region and subacromial space. The Hawkin's and impingement signs were positive. There was reproducible symptomatology with internal rotation and forward flexion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium ER (Voltaren SR) 100mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-inflammatory Drugs) Page(s): 67, 68 and.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Diclofenac

Decision rationale: Per Chronic Pain Medical Treatment Guidelines, Diclofenac is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (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). Official Disability Guidelines (ODG) does not recommend the use Diclofenac sodium as first line therapy due to increased risk profile. From the reviewed medical records, it was not clear whether the requested medication is being used as a first line therapy for pain and inflammation or there was failure of prior medications to necessitate the use of Diclofenac sodium. More so, the guidelines also stated that if Diclofenac sodium extended release is being used, it should be considered to be discontinued as it should be utilized at the shortest duration possible in the lowest effective dose due to reported serious adverse effects. It has been determined from the reviewed medical records that the injured worker has been taking Diclofenac sodium since July 2014; however, this medication is warranted only on a short-term basis. Therefore, this request is not medically necessary.

Ondansetron 8mg ODT #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Pain (Updated 7/10/14); Antiemetics (for opioid nausea)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Antiemetics (for opioid nausea)

Decision rationale: Per Official Disability Guidelines, Ondansetron is Food and Drug Administration approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also Food and Drug Administration approved for postoperative use. Acute use is Food and Drug Administration approved for gastroenteritis. Based on the reviewed medical records, this medication was prescribed for nausea associated with headaches that are present with chronic cervical spine pain. There was no documentation of any subjective complaints of nausea secondary to headaches. More so, the use of this medication is Food and Drug Administration approved only for nausea and vomiting secondary to chemotherapy, radiation treatment, and for postoperative use. Therefore, this request is not medically necessary.

Omperazole 20mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

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

Decision rationale: The request for Omeprazole 20 mg #120 is not considered medically necessary at this time. Omeprazole, a proton pump inhibitors, is recommended for workers at risk for gastrointestinal events. From the medical records received, it was determined that Omeprazole was prescribed for gastrointestinal symptoms. However, there was no documentation of any complaints of gastrointestinal events secondary to medication intake. Hence, the use of Omeprazole 20 mg #120 is not medically necessary.