

Case Number:	CM14-0166996		
Date Assigned:	10/14/2014	Date of Injury:	01/27/2007
Decision Date:	11/17/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	10/09/2014

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 Internal Medicine 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:

This is a case of a 72 year old female with a date of injury on 1/27/2012. Based on a AME report dated 8/5/2014 from orthopedic surgeon [REDACTED], the injury was described as the claimant was assisting in the transfer of a patient from a wheelchair to the bed when she injured her shoulders and back. The claimant subsequently underwent several treatment modalities including physical therapy, medication, shockwave therapy, and injections in her shoulders and lumbar spine. At the time of the QME dated 8/5/2014, the claimant complained of neck, lower back, bilateral shoulder, and bilateral lower extremity pain in addition to radicular pain in her right upper extremity. The claimant was diagnosed with multilevel lumbar and cervical disc derangement with a large L3/L4 disc herniation. She was also diagnosed with diabetes mellitus, hypertension, anxiety and depression. In review of the primary treating physicians report by [REDACTED] dated 8/28/2014, the claimant was still complaining of pain in the neck, mid/upper back, and lower back. Neck pain was rated 8/10, mid/upper back and lower back were rated at 7/10. Objective findings revealed grade 3 tenderness to palpation and 3 palpable spasms over the paraspinal muscles. Similar finding in both the thoracic and lumbar spine regions as well. The claimant was diagnosed with exacerbation of cervical spine pain, cervical spine discogenic disease with radiculitis, exacerbation of thoracic spine pain, exacerbation of lumbar spine pain, and lumbosacral spine discogenic disease with radiculitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 9792.20 Page(s): 68.

Decision rationale: Based on MTUS guidelines, patients who are at risk for gastrointestinal events include: patients > 65 years old, patients with a history of peptic ulcer, gastrointestinal bleeding or perforation, patients with concurrent use of aspirin, corticosteroids, and /or an anticoagulant, or high dose/multiple NSAID use. In patients with no risk factors and no cardiovascular disease, a non-selective NSAID is OK, such as naproxen. In patients with intermediate risk factors for gastrointestinal events and no cardiovascular disease, a non-selective NSAID with either a proton pump inhibitor (such as omeprazole DR), or misoprostol, or a Cox-2 selective agent would be appropriate. Long term use (> 1 year) of proton pump inhibitors has been shown to increase risk of hip fracture. In patients at high risk for gastrointestinal events with no cardiovascular disease, it is recommended to use a Cox-2 selective agent plus a proton pump inhibitor. In this case, the patient is a 72 year old female without any documented history of peptic ulcer disease, or gastrointestinal bleeding or perforation. Therefore, this puts her at least at intermediate risk category based on her age and NSAID use for gastrointestinal events and the use of a non-selective NSAID with either a proton pump inhibitor (such as omeprazole DR), or Misoprostol, or a Cox-2 selective agent would be appropriate. However, in this case, the request is for Omeprazole 20mg Quantity 1. There is no quantity of pills requested other than 1, which I assume means one prescription fill and no duration of treatment was indicated. Based on the MTUS guidelines and the evidence in this case, the request for Omeprazole 20 mg Quantity 1 is not medically necessary and appropriate.

Triamcinolon .001 Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 9792.20 Page(s): 111-112.

Decision rationale: Based on MTUS guidelines, topical analgesics are recommended as an option and are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily they are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. There is little to no research to support the use of many of these agents. The efficacy of Non-steroidal antiinflammatory agents (NSAIDs) in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis studies to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. These medications may be useful for chronic musculoskeletal pain, but there are

no long-term studies of their effectiveness or safety. They are recommended for short-term use (4-12 weeks) when used for osteoarthritis or tendinitis, in particular, of the knee and elbow. In this case, Triamcinolone 0.001 is not being used for osteoarthritis or tendonitis of the knee or elbow. There is also no indication as to duration of expected treatment with Triamcinolone 0.001. Lastly, there is no quantity other than 1 indicated. This does not properly request a size of tube to dispense and is therefore incomplete. Therefore, based on the evidence in this case and the MTUS guidelines, the request for Triamcinolone 0.001 Quantity 1 is not medically necessary.