

Case Number:	CM14-0040043		
Date Assigned:	04/09/2014	Date of Injury:	01/03/2012
Decision Date:	05/07/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	04/05/2014

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 Pain Management has a subspecialty in Interventional Spine 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 28 year-old female who was injured on 1/3/12. She has been diagnosed with fibromyalgia; neck pain; chronic pain syndrome; disorder of shoulder bursa; depressive disorder and psychalgia. According to the 2/14/14 pain management report from [REDACTED], the patient presents with neck and bilateral shoulder pain. She reports night sweats without fever or chills, abdominal pain with medication use; muscle aches and weakness and restless sleep. [REDACTED] was awaiting authorization for the FRP (Functional Restoration Program) and noted relief with Lidoderm patches and Voltaren gel, and states she does not need refills. She was using Mobic but even with omeprazole, it was causing stomach upset and [REDACTED] requested Celebrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 20MG TABLET #30 WITH ONE REFILL: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES - TREATMENT FOR WORKERS' COMPENSATION, ONLINE EDITION, PAIN CHAPTER, PROTON PUMP INHIBITORS (PIPs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68-69.

Decision rationale: According to the 2/14/14 pain management report from [REDACTED], the patient presents with neck and bilateral shoulder pain. She was taking Mobic but it was causing stomach upset even with omeprazole. The physician was changing Mobic to Celebrex, but continued the omeprazole. The patient has dyspepsia secondary to Mobic(NSAID) use. MTUS states: "Treatment of dyspepsia secondary to NSAID(Non Steroidal Anti-inflammatory Drug) therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a Proton Pump Inhibitor (PIP)." The physician's use of omeprazole, a Proton Pump Inhibitor (PIP), for treatment of dyspepsia secondary to NSAID therapy is in accordance with MTUS guidelines. Therefore, the request of Omeprazole 20mg tablet #30 with one refill is medically necessary and appropriate.

VOLTAREN 1% TOPICAL GEL 100GM WITH ONE REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: According to the 2/14/14 pain management report from [REDACTED], the patient presents with neck and bilateral shoulder pain. I have been asked to review for necessity of Voltaren gel. This is a topical NSAID. MTUS does not recommend topical NSAIDs (Non Steroidal Anti-inflammatory Drugs) for the spine or shoulders. MTUS states: "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." The request is not in accordance with MTUS guidelines. Therefore, the request of Voltaren 1% topical gel 100gm with one refill is not medically necessary and appropriate.