

Case Number:	CM14-0061048		
Date Assigned:	07/25/2014	Date of Injury:	11/04/2000
Decision Date:	09/08/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/01/2014

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 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 51-year-old female with an injury date of November 4, 2000. Her mechanism of injury was cumulative trauma and was work-related as a firefighter/ paramedic. She has a history of right shoulder decompression and lumbar L4-L5 decompression x 2. On June 9, 2014, the injured worker presented with complaints of ongoing low back pain, bilateral lower extremities weakness with associated increased numbness, and tingling sensation in both toes' as well as cramping in the thigh. She also complained of increased numbness and tingling sensation in both hands and cramping in both arms which was similar to the pain she had prior to her cervical decompression. There was also a noted significant left arm weakness post operatively and anterior biceps pain, lateral shoulder pain and numbness over the shoulder down into the fingers, especially in the 3rd, 4th, and 5th fingers. Her weakness makes it difficult for her to perform certain personal activities such as doing her hair and house chores. Flare ups as significantly increased with performing activities of daily living. She reported that her pain and associated symptoms have improved with baclofen and diclofenac. On examination of the cervical spine bilateral rotation was 30 degrees with increasing pain and a grossly positive Spurling sign. Objective findings for the lumbar spine included tenderness and limited forward flexion and extension. On examination of the left shoulder, range of motion was limited in all planes with associated guarding, weakness, and diffused numbness over the shoulder down to the 3rd, 4th, and 5th fingers. Examination of the left hand elicited spasm, pain, and decreased grip and pinch and decreased sensation diffusely over the fingers. Examination of the lower extremities demonstrated gross weakness at both thigh flexors and she can barely lift them up. Decreased sensation was also noted and straight leg raising test elicited pain and guarding, left side more than the right. Gait was guarded. She was given a cortisone injection to the right buttock and the left shoulder subacromial portal. This is a review for the requested medication

of Axid 150mg Pulvule and Diclofenac Sodium Extended-Release 100mg, #30 both with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Axid 150mg Pulvule #60, 3 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Koskenpato J1, Punkkinen JM, Kairemo K, FÄrkkilÄ M. Nizatidine and gastric emptying in functional dyspepsia. Dig Dis Sci. 2008 Feb;53(2):352-7. Epub 2007 Aug 9.

Decision rationale: There is nothing in the documentation that necessitates the request for this medication as of this time. Axid, with a generic name nizatidine is an H2-receptor agonist medication which is indicated for ulcers in the stomach and intestines, heartburn, and erosive esophagitis caused by gastroesophageal reflux disease. However, medical records did not document any of the above mentioned diagnosis. There were also no gastrointestinal complaints and no documented objective findings except for the intake of non-steroidal medications, diclofenac sodium extended release. It was unclear whether the prescription of Axid protection is in conjunction with other medications prescribed. With regard to the refill there was no documentation of multiple or higher doses of non-steroidal anti-inflammatory drugs or any gastrointestinal disturbances. This request is not medically necessary.

Diclofenac Sod Er 100mg #30, 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Diclofenac sodium (VoltarenÂ®, Voltaren-XRÂ®).

Decision rationale: The medical records received have limited information to support the necessity of diclofenac sodium extended release at this time. The records reviewed did not indicate functional improvement with continued use of this medication. Although the injured worker stated that this medication has been helpful, objective findings were lacking such as decrease in pain level, increased in range of motion, and increase in ability to do activities of daily living and so forth. Also, per Official Disability Guidelines, diclofenac sodium is not recommended as first line due to increased risk profile. As such, this request is not medically necessary.

