

Case Number:	CM14-0077543		
Date Assigned:	07/18/2014	Date of Injury:	12/10/2013
Decision Date:	09/24/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/27/2014

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 and Rehabilitation, and is licensed to practice in Texas. 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 53 year old male who is reported to have sustained injuries to his neck and shoulder while working a structural fire on 12/10/13. On physical examination dated 05/22/14 he is noted to be able to heel toe walk and squat. He has painful cervical range of motion. He is noted to be neurologically intact. Motor strength is graded as 5/5 throughout. He is reported to have positive Spurling's sign bilaterally. Radiographs of the cervical spine show loss of disc height at C4-5, C5-6 and C6-7. There is foraminal narrowing bilaterally at C5-6 and C6-7. He is opined to have a cervical radiculopathy radiating into the bilateral shoulders. Records indicate that the injured worker was seen by [REDACTED] on 05/05/14. It is noted that the injured worker has undergone MRI studies of the right shoulder on 01/21/14 and has severe osteophyte of the humeral head and glenohumeral osteoarthritis as well as nonunion and a remote history of distal clavicle fracture and prominence of the AC joint. He subsequently underwent an intraarticular kenalog injection which was reported to be beneficial to him. On physical examination he has positive Neer and Hawkins impingement sign, positive cross arm testing, negative empty can testing, tenderness to palpation of the subacromial bursa space and shoulder girdle musculature. Forward flexion and abduction are to 155 degrees. The injured worker was prescribed Prilosec 20 mg and Voltaren gel 1%. The record contains a utilization review determination dated 05/14/14 in which requests for Prilosec 20 mg #30 and Voltaren gel 1% 2-4 grams to the affected joint twice per day were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #30 one by mouth every day: Upheld

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 Workman's Compensation, Pain Summary last updated 04/10/2014.

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: The request for Prilosec 20 mg #30 one by mouth every day is not recommended as medically necessary. The submitted clinical records indicate that the injured worker has sustained injuries to the neck and shoulder. The record provides no data which indicates that the injured worker is at risk for developing NSAID induced gastritis and as such the medical necessity for Prilosec has not been established.

Voltaren Gel 1% 2-4 grams to affected joint twice per day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workman's Compensation, Pain Procedure Summary last updated 04/10/2014.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

Decision rationale: The request for Voltaren gel 1% 2-4 grams to the affected joint twice per day is not supported as medically necessary. The submitted clinical records indicate that the injured worker has chronic cervical pain as well as right shoulder pain largely due to glenohumeral joint osteoarthritis. Per CA MTUS, topical analgesics are largely considered experimental and investigational as the efficacy of these medications has not been established through rigorous clinical trial. The record contains no data which establishes that the utilization of this medication results in any substantive decrease in reported pain levels or increase in functional improvements and as such medical necessity is not established.