

Case Number:	CM14-0080810		
Date Assigned:	08/08/2014	Date of Injury:	12/26/2007
Decision Date:	09/19/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/02/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, 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 41 year old male who had a work related injury on 12/26/07. He was getting off a forklift and was holding on to the steering wheel which pulled out due to a lock nut not bolted in place and he felt immediate jolting pain and landed on his left lower extremity. He had lumbar surgery in 11/10, legs were tingling after the surgery now the pain was excruciating, legs are weak and he felt he was going to fall. Other treatment included physical therapy, chiropractics, interlaminar epidural steroid injections which gave three months of at least sixty percent improvement in pain and function. He saw a psychiatrist and psychologist monthly for depression and anxiety. Most recent clinical documentation submitted for review was dated 04/22/14 his pain was rated 10/10 without medication and 6/10 with. The medication prescribed kept the patient functional, allowing for increased mobility and tolerance of activities of daily living and home exercises. No side effects were associated with these. Current medication was Oxycodone 15 milligrams tablets one to two by mouth every three to four hours maximal of five a day. Viagra, Prilosec for heartburn, laxative for opiate induced constipation, Voltaren XR100 milligrams, Prozac 20 milligrams caplets, clonazepam per his psychiatrist. Physical examination well nourished, well hydrated no acute distress, oriented to time, place, and person, speech was fluent, cognition was intact, cranial nerves 2 to 12 were intact, cervical spine examination was normal, thoracic spine examination was abnormal there was tenderness to palpation around the paraspinals on the left lower side, sensation was intact, lumbar lumbosacral exam date tenderness to palpation at L4 to L5, well healed spinal cord stimulator site with no signs of infection, trigger tenderness to palpation in the paraspinals especially over the right sided implanted spinal cord stimulator, forward flexion to 40 degrees, hyperextension to 10 degrees right and left lateral bending to 10 degrees, tenderness to palpation in both sciatic notch, able to toe walk without difficulty, difficulty with heel walking bilaterally. Gait was antalgic, decreased left lower

extremity and right lower extremity strength in hip abductors 4+/5 on left and 3+/5 on right, left hip adductors rated 4+/5 on the left and right side 3+/5 right psoas quadriceps tibialis anterior and hallus longus 3+ and 4+, left psoas, quadriceps tibialis anterior and hallus longus 3+-4+/5, and decreased right L5 and S1 and left L4, and left L5 and left L left S1 to light touch. Prior utilization review dated 05/13/14 was noncertified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren XR 100mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Pain, Chronic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac (Voltaren) Page(s): 43.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, Voltaren is not recommended as first line treatment due to increased risk profile. Post marketing surveillance has revealed that treatment with all oral and topical Diclofenac products may increase liver dysfunction, and use has resulted in liver failure and death. The United States Federal Drug Administration advised physicians to measure transaminases periodically in patients receiving long term therapy with Diclofenac and issued warnings about the potential for elevation in liver function tests during treatment with all products containing diclofenac sodium. With the lack of data to support superiority of Diclofenac over other NSAIDs and the possible increased hepatic and cardiovascular risk associated with its use, alternative analgesics and/or nonpharmacological therapy should be considered. As such, the request for Voltaren extended release (XR) 100 milligrams cannot be recommended as medically necessary.

Prilosec 20 mg CODR #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Pain, Chronic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - online version Integrated Treatment/Disability Duration Guidelines Pain (Chronic).

Decision rationale: As noted in the Official Disability Guidelines, Pain Chapter, proton pump inhibitors (PPIs) are indicated for patients at intermediate and high risk for gastrointestinal (GI) events with concurrent use of nonsteroidal antiinflammatory drug use. Risk factors for gastrointestinal events include age greater than 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID plus low dose ASA). There is no indication that the patient

is at risk for gastrointestinal events requiring the use of proton pump inhibitors. Furthermore, long term PPI use (greater than 1 year) has been shown to increase the risk of hip fracture. As such, the request for this medication cannot be established as medically necessary.

Voltaren XR 100mg XR24H #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Pain, Chronic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac (Voltaren) Page(s): 43.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, Voltaren is not recommended as first line treatment due to increased risk profile. Post marketing surveillance has revealed that treatment with all oral and topical diclofenac products may increase liver dysfunction, and use has resulted in liver failure and death. The United States Federal Drug Administration (FDA) advised physicians to measure transaminases periodically in patients receiving long term therapy with Diclofenac and issued warnings about the potential for elevation in liver function tests during treatment with all products containing Diclofenac sodium. With the lack of data to support superiority of diclofenac over other NSAIDs and the possible increased hepatic and cardiovascular risk associated with its use, alternative analgesics and/or nonpharmacological therapy should be considered. As such, the request for Voltaren extended release (XR) 100 milligrams cannot be recommended as medically necessary.

Prilosec 20mg CPDR #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Pain, Chronic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - online version, Integrated Treatment/Disability Duration Guidelines.

Decision rationale: As noted in the Official Disability Guidelines, proton pump inhibitors (PPIs) are indicated for patients at intermediate and high risk for gastrointestinal (GI) events with concurrent use of nonsteroidal antiinflammatory drug (NSAID) use. Risk factors for gastrointestinal events include age greater than 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of Aspirin (ASA), corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID plus low dose ASA). There is no indication that the patient is at risk for gastrointestinal events requiring the use of proton pump inhibitors. Furthermore, long term PPI use (greater than one year) has been shown to increase the risk of hip fracture. As such, the request for this medication cannot be established as medically necessary.

Post operative physical therapy X 8: 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 9792.20, Physical Medicine, Page(s): 98.

Decision rationale: The request for post operative physical therapy eight times is not medically necessary. The clinical documentation submitted for review does not support the request. Most recent surgery that the injured worker had was removal of the SCS. Guidelines do not include SCS removal or implantation. Therefore medical necessity has not been established.