

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0083233 |                              |            |
| <b>Date Assigned:</b> | 07/21/2014   | <b>Date of Injury:</b>       | 04/05/2012 |
| <b>Decision Date:</b> | 09/09/2014   | <b>UR Denial Date:</b>       | 05/08/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/04/2014 |

### 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 Nevada. 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 34-year-old male who was reportedly injured on April 5, 2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated June 19, 2014, indicated that there were ongoing complaints of bilateral elbow pain, cervical spine pain, lumbar spine pain and bilateral hands pain. The physical examination demonstrated tenderness to palpation over the bilateral epicondyles, tenderness in the lumbar spine with a facet maneuver, a decreased range of motion of the lumbar spine and a positive Spurling's test. Diagnostic imaging studies revealed the degenerative changes in the lumbar spine. Previous treatment included electrodiagnostic studies that were reported to be negative, chiropractic care, multiple medications, multiple pain medications and interventions. A request was made for multiple medications and was not certified in the pre-authorization process on May 6, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #100:** 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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 68.

**Decision rationale:** As noted in the California Medical Treatment Utilization Schedule, this medication is useful for the treatment of gastroesophageal reflux disease or as a protectant for those individuals utilizing non-steroidal medications. The previous progress note indicated that this medication was being used as a protectant, and a subsequent note indicated that there was a history of gastroesophageal reflux disease. In the progress notes, there were no reported complaints of any gastric distress. Therefore, when noting the contradictory nature of the progress notes and by the lack of specific complaints, there is no clear clinical indication presented that this medication is not medically necessary.

**Flexeril 7.5mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Muscle relaxants Page(s): 41, 64.

**Decision rationale:** As noted in the California Medical Treatment Utilization Schedule, this medication is indicated for the short-term treatment of acute flare up of muscle skeletal issues. There is no clinical indication to support the chronic or indefinite use of this medication. Therefore, when noting the current complaints, the date of injury and the response to the medication, there is insufficient clinical evidence presented to suggest there is a medical necessity for the continued use of this medication. Therefore Flexeril 7.5mg is not medically necessary.

**Voltaren 100mg #1 bottle:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111.

**Decision rationale:** This medication is a nonselective non-steroidal anti-inflammatory drug (NSAID) not recommended for first-line use due to its increased risk profile. Evidence-based studies are available evidencing that diclofenac poses equivalent risk of cardiovascular events to patients as did Vioxx (a COX-2 inhibitor that was taken off the market due to these effects). For this reason, it is recommended that providers avoid diclofenac as a first-line nonsteroidal anti-inflammatory medication. There is no indication in the record that the claimant has failed a course of first-line NSAID medications. Therefore Voltaren is not medically necessary.

**Urine Drug Screen:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004): Criteria for use of opioids, chapter 4, page 78.

**Decision rationale:** While noting that this is an individual on a chronic pain protocol, there is no indication that there is any evidence of intoxication, inappropriate drug use, illicit drug use, drug diversion or any other parameters by which a routine screening would be necessary. Appropriate intermittent schedules are noted but not on a routine basis. As such, based on the data presented, the medical necessity for such a study has not been presented. Therefore the Urine Drug Screen is not medically necessary.