

Case Number:	CM14-0132054		
Date Assigned:	08/22/2014	Date of Injury:	09/27/2007
Decision Date:	01/27/2015	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/18/2014

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 Internal Medicine 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 (IW) is a 55-year-old woman with a date of injury of September 27, 2007. The mechanism of injury was not documented in the medical record. The IW has been diagnosed with cervical spondylomyeloradiculopathy with herniated nucleus pulposus (HNP) at C4-C5, C5-C6 and C6-C7; status post ACDF at C4-C7 on November 1, 2012; and headache Pursuant to most recent progress reports in the medical record dated October 14, 2013, the IW reports the onset of headaches recently. She has been treating with her rheumatologist for lupus and fibromyalgia. She is taking her prescribed medications, which help, and needs refills at this time. Objective findings reveal normal reflex, sensory and power testing to bilateral upper extremities. Straight leg raise test is negative bilaterally. Gait is normal. She is able to heel-to-toe walk. Minimal cervical spine tenderness is noted. Cervical spine range of motion is decreased about 20%. The treatment plan is to refill medications. Current medications include Ultram 50mg, Flexeril 7.5mg, Protonix 20mg, and Voltaren XR 100mg. Documentation indicates the IW has been taking Tramadol since at least February of 2013. There were no detailed pain assessments or evidence of objective functional improvement associated with the use of Ultram. There is a photocopied prescription for Voltaren XR 100mg in the medical record dated July 29, 2014. There was no evidence of objective functional improvement associated with the use of Voltaren XR 100mg. The current request is for Voltaren XR 100mg #50, and Protonix 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, NSAI and GI Effects

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Protonix 20 mg #60 is not medically necessary. Protonix is a proton pump inhibitor. Proton pump inhibitors are indicated in patients taking nonsteroidal anti-inflammatory drugs when patients have risk factors for certain gastrointestinal disease states. These risk factors include, but are not limited to, age greater than 65 years; history of peptic ulcer, G.I. bleeding or perforation; concurrent use of aspirin or steroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. In this case, the injured worker is 54 years old the date of injury September 27, 2007. The injured workers working diagnoses are status post C4 - C7 anterior cervical fusion; history right shoulder arthroscopy 2008; and chronic complaints of dizziness, nausea and light sensitivity. The injured worker does not have any comorbidity problems or past medical history compatible with the risk factors enumerated above. Specifically, there is no history of peptic ulcer disease, G.I. bleeding etc. Consequently, absent the appropriate clinical indication and supporting documentation for its continued use, Protonix 20 mg #60 is not medically necessary.

Volatarn XR 100mg #50: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's (non-steroidal anti-inflammatory).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, NSAI

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Voltaren XR 100 mg #50 is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In this case, the injured workers working diagnoses are status post C4 - C7 anterior cervical fusion; history right shoulder arthroscopy 2008; and chronic complaints of dizziness, nausea and light sensitivity. The documentation indicates Voltaren was first prescribed in a progress note dated July 29, 2014. There is no documentation of objective functional improvement over the subsequent months. Additionally, nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period. Consequently, absent the appropriate clinical indications include rationale, Voltaren 100 mg #50 is not medically necessary.

Ultram ER 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ultram ER 100 mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany chronic narcotic usage. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured workers working diagnoses are status post C4 - C7 anterior cervical fusion; history right shoulder arthroscopy 2008; and chronic complaints of dizziness, nausea and light sensitivity. The documentation indicates Ultram 100 mg was prescribed as far back as February 4, 2013 in a progress note with the same date. The documentation, however, does not contain evidence of objective functional improvement over subsequent months with ongoing use. Consequently, absent the appropriate clinical documentation with evidence of objective functional improvement, Ultram ER 100 mg #60 is not medically necessary.