

Case Number:	CM14-0174859		
Date Assigned:	12/11/2014	Date of Injury:	10/17/2003
Decision Date:	01/21/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/22/2014

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 Rehab, has a subspecialty in Interventional Spine 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 patient is a 49 year old female with an injury date on 10/17/03. The patient complains of cervical pain, right shoulder pain, mid/low back pain, right hip/right leg pain, numbness/weakness in the right hand, frequent headaches (3-4 episodes a week), and insomnia per an 8/20/14 report. The cervical pain is rated 8-9/10 with daily variation from 4/10 with medication to 9/10 per 8/20/14 report. The patient described increased pain with use of the right upper extremity and following bending or lifting per 8/20/14 report. Based on the 9/10/14 progress report provided by the treating physician, the diagnoses are: 1. Other chronic pain 2. Degenerative cervical intervertebral disc 3. Cervicalgia 4. Other spec D/O rotator cuff syndrome shoulder 5. Depressive disorder nec 6. Anxiety state, unspecified then 7. Brachial neuritis/radiculitis NOS 8. Myofascial pain A physical exam on 7/8/28/14 showed "reduced range of motion of the C-spine." The patient's treatment history includes medications, right shoulder arthroscopic surgery, physical therapy, arm sling. The treating physician is requesting right scalene block, Prilosec 20mg #60, and Diclofenac sodium 100mg #60. The utilization review determination being challenged is dated 10/13/14. The requesting physician provided treatment reports from 3/12/14 to 10/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right scalene block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212.

Decision rationale: This patient presents with neck pain, right shoulder pain, back pain, right hip/leg pain, right hand pain. The physician has asked for right scalene block on 9/10/14. Regarding scalene blocks, ACOEM guidelines while discussing thoracic outlet syndrome states that "While not well supported by high-grade scientific studies, with progressive weakness, atrophy, and neurologic dysfunction are sometimes considered for surgical decompression. A confirmatory response to electromyography (EMG)-guided scalene block, confirmatory electrophysiologic testing and/or magnetic resonance angiography with flow studies is advisable before considering surgery." In this case, although the patient has neck pain, arm pain, there is no clear diagnosis of thoracic outlet syndrome. Examination findings do not suggest this diagnosis and the physician does not discuss rationale for the request. There is no imaging or EMG confirmation or suspicion of TOS and the patient does not present with any red flags such as progressive weakness, atrophy, or neurologic dysfunction to warrant a confirmatory response to scalene block. The requested right scalene block is not medically necessary.

Prilosec 20mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG) Pain Chapter, for Prilosec Page(s): 69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, for Prilosec

Decision rationale: This patient presents with neck pain, right shoulder pain, back pain, right hip/leg pain, right hand pain. The physician has asked for Prilosec 20mg #60 on 9/10/14. The patient has been taking Prilosec since 6/24/14 report, "effectively for burning and dyspepsia." Regarding NSAIDs and GI/CV risk factors, the MTUS requires determination of risk for GI events including age >65; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. In this case, current list of medications do include an NSAID (Voltaren XR). The PPI is being used "effectively" for burning and dyspepsia. Given the patient's GI side effect, the use of PPI appears reasonable. The request is medically necessary.

Diclofenac Sodium 100mg #60: 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 Anti-inflammatory medications; NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, specific.

Decision rationale: This patient presents with neck pain, right shoulder pain, back pain, right hip/leg pain, right hand pain. The physician has asked for Diclofenac Sodium 100mg #60 on 9/10/14. The patient has been taking Diclofenac since 6/24/14 report. Regarding NSAIDS, the MTUS recommends usage for osteoarthritis at lowest dose for shortest period, acute exacerbations of chronic back pain as second line to acetaminophen, and chronic low back pain for short term symptomatic relief. In this case, the patient has been using Voltaren XR for more than 2 months without documentation of pain relief or functional improvement. Regarding medications for chronic pain, the MTUS page 60 states, "A record of pain and function with the medication should be recorded." The request is not medically necessary.