

Case Number:	CM14-0198112		
Date Assigned:	12/08/2014	Date of Injury:	08/25/2012
Decision Date:	02/09/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/25/2014

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 64 year old male with an injury date of 08/25/12. Based on the 10/14/14 progress report provided by treating physician, the patient complains of pain and weakness in the left arm. Physical examination on 10/14/14 revealed tenderness to palpation to the left supraclavicular area and over the mid biceps. Moderate weakness of elbow flexion and extension, and shoulder retraction. Patient's Parkinson's tremor appears to be completely controlled. Per treater reports dated 05/20/14, 07/29/14, 10/14/14, patient is to continue with medications which include Voltaren, Prilosec, and Methoderm gel. Patient was prescribed Naproxen on 09/09/14. Patient is temporarily partially disabled, and is to continue working with restrictions, per treater report dated 10/14/14. Diagnosis 05/20/14, 07/29/14, 10/14/14- diffuse left arm pain- History of brachial plexus stretch injury to the left arm- Pain in the left upper arm over the mid humerus- Parkinson's disease causing tremor (nonindustrial)The utilization review determination being challenged is dated 11/12/14. Treatment reports were provided from 05/20/14 - 10/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Retro) Prilosec 20mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The patient presents with pain and weakness in the left arm. The request is for (Retro) Prilosec 20mg #60. Patient's diagnosis on 05/20/14, 07/29/14, and 10/14/14 included history of brachial plexus stretch injury to the left arm, pain in the left upper arm over the mid humerus, and non-industrial Parkinson's disease. Physical examination on 10/14/14 revealed tenderness to palpation to the left supraclavicular area and over the mid biceps. The patient had moderate weakness of elbow flexion and extension, and shoulder retraction. Patient's Parkinson's tremor appears to be completely controlled. Per physician reports dated 05/20/14, 07/29/14, 10/14/14, patient is to continue with medications which include Voltaren, Prilosec, and Methoderm gel. Patient is temporarily partially disabled, and is to continue working with restrictions, per physician report dated 10/14/14. Regarding NSAIDs and GI/CV risk factors, 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. MTUS pg. 69 states "NSAIDs, GI symptoms and cardiovascular risk, Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Prilosec and Voltaren were prescribed in progress reports dated 05/20/14, 07/29/14, and 10/14/14. Physician has not discussed reason for the request, nor provided GI risk assessment for prophylactic use of PPI, as required by MTUS. A review of medical records does not show evidence of gastric problems, and there is no mention of GI issues. Furthermore, it has been more than 6 months from the UR date of 11/12/14, and physician has not indicated how the patient is doing, and why he needs to continue. Given lack of documentation as required by guidelines, the request is not medically necessary.

(Retro) Methoderm Gel 120gm # 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Salicylate topical section, Page(s): 111-113; 105.

Decision rationale: The patient presents with pain and weakness in the left arm. The request is for (Retro) Methoderm Gel 120gm #1. Patient's diagnosis on 05/20/14, 07/29/14, and 10/14/14 included history of brachial plexus stretch injury to the left arm, pain in the left upper arm over the mid humerus, and non-industrial Parkinson's disease. Physical examination on 10/14/14 revealed tenderness to palpation to the left supraclavicular area and over the mid biceps. The patient had moderate weakness of elbow flexion and extension, and shoulder retraction. Patient's Parkinson's tremor appears to be completely controlled. Per physician reports dated 05/20/14, 07/29/14, and 10/14/14, patient is to continue with medications which include Voltaren, Prilosec, and Methoderm gel. Patient is temporarily partially disabled, and is to continue working with restrictions, per physician report dated 10/14/14. Regarding topical analgesics, MTUS, pages 111-113, Topical Analgesics state they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when

trials of antidepressants and anticonvulsants have failed. Methyl salicylate and menthol are recommended under MTUS "Salicylate topical" section, pg. 105 in which "Ben-Gay" (which contains menthol and methyl salicylate) is given as an example and is stated as significantly better than placebo in chronic pain. MTUS has support for methyl salicylate under the Topical Salicylate section for peripheral joint arthritis/tendinitis condition. Physician has not provided reason for the request. Methoderm was prescribed in progress report dated 05/20/14, and it has been more than 6 months from the UR date of 11/12/14. Though patient presents with arm symptoms, there is no discussion of how this topical has been used and with what efficacy, as required by guidelines. Therefore, the request is not medically necessary.

(Retro) Voltaren 100mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, under Diclofenac.

Decision rationale: The patient presents with pain and weakness in the left arm. The request is for (Retro) Voltaren 100mg #60. Patient's diagnosis on 05/20/14, 07/29/14, and 10/14/14 included history of brachial plexus stretch injury to the left arm, pain in the left upper arm over the mid humerus, and non-industrial Parkinson's disease. Physical examination on 10/14/14 revealed tenderness to palpation to the left supraclavicular area and over the mid biceps. The patient had moderate weakness of elbow flexion and extension, and shoulder retraction. Patient's Parkinson's tremor appears to be completely controlled. Per physician reports dated 05/20/14, 07/29/14, 10/14/14, patient is to continue with medications which include Voltaren, Prilosec, and Methoderm gel. Patient is temporarily partially disabled, and is to continue working with restrictions, per physician report dated 10/14/14. MTUS guidelines page 67 and 68 recommend NSAIDs (non-steroidal anti-inflammatory drugs) as an option for short-term symptomatic relief. The ODG-TWC, Pain (Chronic) Chapter, under Diclofenac states: "Not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%. For a patient who has a 5% to 10% risk of having a heart attack that is a significant increase in absolute risk, particularly if there are other drugs that don't seem to have that risk. For people at very low risk, it may be an option. (McGettigan, 2011)" Voltaren was prescribed in progress reports dated 05/20/14, 07/29/14, and 10/14/14. Patient was prescribed Naproxen on 09/09/14. ODG supports Voltaren when other NSAIDs have failed and the patient is at a very low risk profile. It appears patient has tried one prescription of Naproxen, however physician has not discussed reason for prescribing Voltaren over another NSAID, nor indicated patient's risk profile. Furthermore, it has been more than 6 months from the UR date of 11/12/14, and there is no discussion of medication efficacy provided. Therefore, the request is not medically necessary.