

Case Number:	CM15-0000750		
Date Assigned:	01/12/2015	Date of Injury:	03/25/2013
Decision Date:	03/13/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 sustained an industrial injury on March 25, 2013, slipping and falling. The injured worker has reported feeling like something burst with a pop in the back, with pain in the lower back radiating down the right lower extremity, and pain in the right shoulder. The diagnoses have included lumbar pain with radiation down right leg, lumbago with sciatica, lumbar degenerative disc disease, lumbar radiculopathy, L3-L4 and L4-L5 with L4 and L5 nerve root impingement, lumbar facet osteoarthritis at L5-S1, spinal stenosis L3-L4 and L4-L5, and cervical sprain and strain. Treatment to date has included a lumbar fusion in 2014, epidural injections, physical therapy, and medications. Currently, the injured worker complains of low back pain, significant right lower extremity pain, and numbness in the right foot. A pain management visit dated December 9, 2014, noted the injured worker one month out from having lumbar surgery, with the injured worker reporting being able to stand straighter with improved range of motion, though still having a flare up. Physical examination was noted to show some tightness and spasm of the posterior cervical region with 20% restriction of both extension and flexion, and moderate tenderness laterally to the lumbar surgical site with mild spasm. On December 16, 2014, Utilization Review non-certified a request for Voltaren Gel samples given-may have refills 1% if tolerated well and Prilosec 20mg #30, noting the topical treatment had no evidence to support its use and that there was no documentation of current, or risk for, GI symptoms or GERD, and no documentation of benefit with the Prilosec. The MTUS, Chronic Pain Medical Treatment Guidelines was cited. On January 5, 2015, the injured worker submitted

an application for IMR for review of Voltaren Gel samples given-may has refills 1% if tolerated well and Prilosec 20mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel Samples Given - may have refills 1% if tolerated well: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: The patient presents with pain and weakness in his neck, shoulder, lower back and extremities. The request is for VOLTAREN SAMPLES GIVEN-MAY HAVE REFILLS 1% IF TOLERATED WELL. The patient is currently taking Percocet, Flexeril, Ibuprofen, MS Contin, Trazodone and Prilosec. MTUS guidelines page 111 'primarily recommends topical creams for neuropathic pain when trials of antidepressants and anticonvulsants have failed.; MTUS guidelines page 112 further indicates 'FDA-approved agents: Voltaren Gel 1% diclofenac for relief of osteoarthritis pain in joints that lend themselves to topical treatment ankle, elbow, foot, hand, knee, and wrist. Maximum dose should not exceed 32 g per day 8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity. It has not been evaluated for treatment of the spine, hip or shoulder.' In this case, the patient does not present with peripheral joint arthritis/tendinitis problems in joints for which this topical product may be indicated. The patient presents with neck and low back pain. The request IS NOT medically necessary.

Prilosec 20mg #30: 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: The patient presents with pain and weakness in his neck, shoulder, lower back and extremities. The request is for PRILOSEC 20mg #30. The patient is currently taking Percocet, Flexeril, Ibuprofen, MS Contin, Trazodone and Prilosec. The patient has been utilizing Prilosec since at least 11/27/13. MTUS guidelines page 69 recommends prophylactic use of PPI's when appropriate GI assessments have been provided. The patient must be determined to be at risk for GI events, such as age > 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 + low-dose ASA. In this case, the review of the reports does show that the patient has been on Ibuprofen. However, the treater does not provide any GI assessment to determine whether or not the patient would require prophylactic use of PPI. There is no documentation of

any GI problems such as GERD or gastritis to warrant the use of PPI either. The request IS NOT medically necessary.