MAXIMUS Federal Services

Case Number:	CM15-0107827		
Date Assigned:	06/12/2015	Date of Injury:	06/27/1997
Decision Date:	07/13/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/04/2015

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, Pain Management

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 68 year old female, who sustained an industrial injury on July 27, 1997. She reported neck pain and bilateral knee pain. The injured worker was diagnosed as having cervical facet syndrome, fibromyalgia, bilateral knee osteoarthritis, cervical myofascial pain, right sided trapezius trigger points and respiratory bilateral chest wall excursion. Treatment to date has included diagnostic studies, hyaluronic acid injections of the knees, steroid injections of the knees, conservative care, medications and work restrictions. Currently, the injured worker complains of continued neck pain and bilateral knee pain. The injured worker reported an industrial injury in 1997, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. It was noted she had good benefit with previous hyaluronic acid injections to the knees and temporary benefit with previous steroid injections to the knees. Evaluation on January 15, 2015, revealed continued pain as noted. Surgical intervention of the knees was discussed however she was not interested at the time. Medications were adjusted and renewed to assist with pain reduction and associated insomnia secondary to pain. Additional injections were recommended. Evaluation on June 4, 2015, revealed continued pain as noted with no significant improvement. Oral and topical medications were requested. A progress report dated November 26, 2015 states that the patient is doing better since restarting Celebrex. The note goes on to state that Voltaren gel is very helpful. Notes indicate that the patient has failed all proton pump inhibitors, but Nexium allows her to take Celebrex which improves her pain and function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Esomepra mag cap 40mg #30 no refills: Overturned

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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 68-69 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs).

Decision rationale: Regarding the request for Esomepra mag cap 40mg #30 no refills, California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, it does appear that the patient is having stomach irritation from anti-inflammatory medication, and has failed all first line PPI medications. As such, the currently requested Esomepra mag cap 40mg #30 no refills is medically necessary.

Voltaren gel 1% #100 with no refills: 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): 111-112 of 127.

Decision rationale: Regarding the request for Voltaren gel, guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, there's no indication that the patient has obtained any specific analgesic effect (in terms of percent reduction in pain, or reduced NRS) or specific objective functional improvement from the use of Voltaren gel. Additionally, there is no documentation that the patient would be unable to tolerate oral NSAIDs or COX 2 Inhibitors, which would be preferred, or that the Voltaren is for short term use, as recommended by guidelines. In the absence of clarity regarding those issues, the currently requested Voltaren gel is not medically necessary.