

<b>Case Number:</b>	CM15-0130867		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	06/25/2002
<b>Decision Date:</b>	09/11/2015	<b>UR Denial Date:</b>	06/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 61 year old female, who sustained an industrial injury on June 25, 2002. She reported pain in the low back and lower extremities. The injured worker was diagnosed as having lumbar radiculopathy, multilevel herniated nucleus pulposus of the lumbar spine with stenosis, status post L405 hemilaminectomy, and probable left carpal tunnel syndrome. Diagnostic studies to date have included: On February 11, 2015, an MRI of the lumbar spine revealed spondylosis within the lumbar spine and endplate sclerotic changes within the anterior inferior endplate of lumbar 2, anterior superior, and inferior endplates of lumbar 3, inferior endplate of L5, superior and inferior endplate of lumbar 5, and superior endplate of sacral 1. There was a 2-3 millimeter broad-based posterior disc protrusion resulting in canal stenosis in conjunction with facet joint hypertrophy at lumbar 2-3 with redundancy of the ligamentum flavum. At lumbar 3-4, there was a 2-3 millimeter broad-based posterior disc protrusion resulting in bilateral neural foraminal narrowing in conjunction with facet joint hypertrophy. Bilateral exiting nerve root compromise was seen. At lumbar 4-5 and lumbar 5-sacral 1, there were 3-4 millimeter broad-based posterior disc protrusions resulting in bilateral neural foraminal narrowing and canal stenosis in conjunction with facet joint hypertrophy. Bilateral exiting nerve root compromise was seen. On March 6, 2015, electromyography/nerve conduction velocity studies revealed chronic right lumbar 5 and possible right lumbar 4 radiculopathy generalized sensory and motor peripheral neuropathy of the bilateral lower extremities. There were difficult to delineate distal entrapment neuropathies in the presence of generalized peripheral neuropathy. There was absent bilateral tibial H-reflex responses suggestive of possible bilateral sacral 1

radiculopathy, however this is non-specific and can also be seen in peripheral neuropathy. Surgeries to date: lumbar surgery in 2008. Treatment to date has included epidural steroid injections, a non-steroidal anti-inflammatory intramuscular injection, a home exercise program, and medications including anti-epilepsy, proton pump inhibitor, and non-steroidal anti-inflammatory. There were no noted previous injuries or dates of injury, and no noted comorbidities. On May 21, 2015, the injured worker complained of ongoing low back pain and stiffness with radiating pain to her legs. She reported recently increased pain, numbness, and tingling in her left hand and wrist, which worsens with any use of her hand. The physical exam revealed decreased sensation to pinprick over the volar aspect of the thumb, index, and middle finger of the left hand. The Phalen's test was positive. There was tenderness of the lumbar paravertebral musculature, decreased lumbar range of motion, and positive bilateral sitting straight leg raise tests. The treatment plan includes prescription refills of Voltaren 75mg 1 tablet twice a day and Prilosec 20mg 1 tablet daily. Work status: to continue to work in her current capacity.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Voltaren 75mg #60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); Diclofenac Sodium (Voltaren, Voltaren-XR) generic available Page(s): 67-68; 71.

**Decision rationale:** Per the California Medical Treatment Utilization Schedule (CMTUS) guidelines, non-steroidal anti-inflammatory drugs are recommended as a second-line treatment after acetaminophen for short-term relief of osteoarthritis, acute exacerbations of low back pain symptoms, and neuropathic pain. "It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals." In addition, the CMTUS guidelines recommend Voltaren for relief of osteoarthritis and ankylosing spondylitis. The medical records show that the injured worker has been taking Voltaren since at least January 2015 for the treatment of ongoing low back pain with radiating pain to her legs. However, the injured worker continues to not do well and appears to not be having a favorable response to Voltaren, the continued use is not appropriate, therefore the request for Voltaren 75mg #60 with 2 refills is not medically necessary.

**Prilosec 20mg #30 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs) Page(s): 68.

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

**Decision rationale:** Per the California Medical Treatment Utilization Schedule (CMTUS) guidelines, proton pump inhibitor medication is recommended when the injured worker is at intermediate or high risk for gastrointestinal events without cardiovascular disease and at high risk for gastrointestinal events with cardiovascular disease. There is a lack of evidence that the injured worker is at intermediate or high risk for gastrointestinal events. The injured worker is less than 65 years old without a history of peptic ulcer, GI bleeding or perforation. The injured worker is not being treated with high dose or multiple non-steroidal anti-inflammatory drugs or concurrent aspirin, corticosteroids, and-or an anticoagulant. In addition, there no evidence of injured worker having any complaints of gastrointestinal upset. She does not appear to be at increased risk for a gastrointestinal event; therefore, the request for omeprazole is not medically necessary.