

Case Number:	CM15-0132716		
Date Assigned:	07/20/2015	Date of Injury:	08/28/2005
Decision Date:	08/25/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/09/2015

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: Texas, New York, California
 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 applicant is a represented 51-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of August 28, 2005. In a Utilization Review report dated June 12, 2015, the claims administrator failed to approve requests for Voltaren gel, omeprazole, Vicoprofen, and Soma. The claims administrator referenced an April 23, 2015 progress note in its determination. The applicant's attorney subsequently appealed. In a prescription order form dated January 28, 2015, Vicoprofen and Prilosec were endorsed. An associated progress note of the same date, January 28, 2015, however, did not explicitly discuss medication selection. The attending provider did make an incidental comment to the effect that the applicant's medications were helpful but did not elaborate further. The applicant was asked to try and lose weight. The applicant's work status was not clearly outlined, although it did not appear that the applicant was working with permanent restrictions in place. On an RFA form dated April 23, 2015, Voltaren gel, Vicoprofen, Prilosec, and Soma were endorsed. In an associated progress note dated April 23, 2015, the attending provider stated that the applicant reported heightened pain complaints. The applicant was again asked to try and lose weight, obtain a weight loss program, and/or consult a bariatric surgeon. The applicant's height, weight, and BMI were not stated. The attending provider stated that the applicant could potentially be a candidate for surgery for symptomatic spondylolisthesis and degenerative disk disease provided she successfully loses weight. The applicant was given medication refills, including that of Voltaren gel, without any seeming discussion of medication efficacy. Permanent work restrictions were renewed. Once again, it was not stated whether the applicant was or was not working with said permanent limitations in place, although this did not appear to be the case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel 1% (diclofenac) Page(s): 112.

Decision rationale: No, the request for Voltaren gel was not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Voltaren has not been evaluated for treatment of the spine, hip, and/or shoulder. Here, the applicant's primary pain generator was, in fact, the lumbar spine, i.e., a body part for which topical Voltaren gel has not been evaluated, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines. The attending provider failed to furnish a clear or compelling rationale for selection of Voltaren for the lumbar spine, i.e., a widespread region not easily or readily amenable to topical application. Therefore, the request was not medically necessary.

Omeprazole 20mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI Symptoms & Cardiovascular Risk Page(s): 68-69.

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

Decision rationale: Similarly, the request for omeprazole, a proton pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia, here, however, there was no mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia on the April 23, 2015 progress note at issue. Said April 23, 2015 progress note made no mention of the applicant's using omeprazole and did not state whether or not ongoing usage of omeprazole was or was not effective for whatever purpose it had been employed. Therefore, the request was not medically necessary.

Vicoprofen 7.5/200mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, and Weaning of medications Page(s): 78 and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Ibuprofen (Vicoprofen; generic available) Page(s): 92.

Decision rationale: Similarly, the request for Vicoprofen, an amalgam of hydrocodone and acetaminophen, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 92 of the MTUS Chronic Pain Medical Treatment Guidelines, Vicoprofen is

recommended for "short-term use only," generally less than 10 days. Here, however, the request was framed as a renewal or extension request for Vicoprofen. The applicant had been given Vicoprofen on prescription forms of both January 28, 2015 and April 23, 2015, referenced above. Thus, the applicant had been using Vicoprofen well in excess of the 10-day limit for Vicoprofen usage set forth on page 92 of the MTUS Chronic Pain Medical Treatment Guidelines. The attending provider's progress note of April 23, 2015 did not furnish a clear or compelling rationale for continued, long-term usage of Vicoprofen in the face of the unfavorable MTUS position on the same. Therefore, the request was not medically necessary.

Soma 350mg #60 x 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol and muscle relaxants (for pain) Page(s): 29 and 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

Decision rationale: Similarly, the request for Soma (carisoprodol) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly when employed in conjunction with opioid agents. Here, the 60-tablet, two-refill supply of Soma at issue did imply chronic, long-term, and/or twice daily usage, i.e., usage incompatible with the position against long-term usage of carisoprodol set forth on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines. Page 29 of the MTUS Chronic Pain Medical Treatment Guidelines also cautions against usage of carisoprodol in conjunction with opioid agents. Here, the applicant was, in fact, concurrently using carisoprodol (Soma) and Vicoprofen, an opioid agent. Therefore, the request was not medically necessary.