

Case Number:	CM15-0133258		
Date Assigned:	07/21/2015	Date of Injury:	11/11/2014
Decision Date:	08/17/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/10/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 39 year old female, who sustained an industrial injury on November 11, 2014. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having right upper extremity strain and diffuse myofascial pain, right elbow sprain and strain with myofascial pain, right shoulder strain and sprain with myofascial pain and adhesive capsulitis, cervical strain and myofascial pain, right cervical brachial myofascial pain syndrome, chronic pain syndrome, and abdominal pain, constipation, and gastrointestinal due to medications. Treatment and diagnostic studies to date has included magnetic resonance imaging of the right wrist, x-rays of the shoulder, magnetic resonance imaging of the cervical spine, magnetic resonance imaging of the right shoulder, medication regimen, acupuncture, and use of a right wrist brace. In a progress note dated May 11, 2015 the treating physician reports complaints of pain to the right shoulder, neck, and the right wrist. The treating physician also noted associated symptoms of constipation, right sided abdominal pain and right flank pain, burning stomach pain, acid reflux, and indigestion secondary to medication side effects. Examination reveals decreased and painful range of motion to the right shoulder, myospasm to the right superior trapezius and deltoid muscles, and mild right-sided abdominal pain. The injured worker's current medication regimen included Voltaren Gel and Doxepin. The injured worker's current pain level was rated 5 out of 10 that was noted to decrease to a 4 out of 10 after use of opioid medication. The documentation provided did not indicate if the injured worker experienced any functional improvement with the use of her current medication regimen. The treating physician requested the medications of Voltaren Gell1% with the quantity of 3 with the treating physician noting that the use of oral nonsteroidal anti-inflammatory drugs has caused gastrointestinal upset. The treating physician also requested the medication of Prilosec 20mg with a quantity of 60 to treat gastrointestinal symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: According to MTUS guidelines, Omeprazole is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDs to develop gastroduodenal lesions. There is no documentation that the patient has GI issue that requires the use of Prilosec. There is no documentation in the patient's chart supporting that he is at intermediate or high risk for developing gastrointestinal events. Therefore, Prilosec 20mg #60, prescription is not medically necessary.

Voltaren Gel 1% #3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Voltaren Gel (Diclofenac) is a non-steroidal anti-inflammatory drug (NSAID). According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Diclofenac is used for osteoarthritis and there is no evidence of osteoarthritis. There is documentation of elevated liver enzymes which could be exacerbated with voltaren. Therefore request for Voltaren Gel 1% #3 is not medically necessary.

