

Case Number:	CM15-0149855		
Date Assigned:	08/10/2015	Date of Injury:	09/07/2012
Decision Date:	09/14/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	08/03/2015

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 57 year old female, who sustained an industrial injury on 9-7-2012. She reported injury to the right shoulder and neck pain from repetitive activity. Diagnoses include right rotator cuff tear and shoulder impingement, AC arthrosis, trapezial and cervical strain, cervical disc displacement without myelopathy, cervical disc degeneration, rule out cervical radiculopathy, right forearm tendinitis, status post right thumb and long trigger release, status post right carpal tunnel release. Treatments to date include activity modification, anti-inflammatory, physical therapy, and corticosteroid injections. Currently, she complained of neck and right shoulder pain. On 5-29-15, the physical examination documented tenderness in the right shoulder with decreased range of motion, decreased strength and a positive impingement sign. Tinel's sign and Phalen's tests were positive on the right. The plan of care included right shoulder surgery and continuation of medications. The appeal requested authorization for Omeprazole 20mg, one tablet twice daily #60; and Voltaren 100mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg twice a day quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

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 in the right neck and shoulder. The request is for OMEPRAZOLE 20MG TWICE A DAY QUANTITY 60. The request for authorization is dated 06/25/15. MRI of the right shoulder, 06/25/15, reveals a full thickness rotator cuff tear of the shoulder. MRI of the cervical spine, 06/25/15, is unremarkable. Physical examination of the upper extremities reveal slight stiffness in the right shoulder with a painful arc of motion. The impingement sign is positive at the right shoulder. There is slight AC tenderness on the right. There is slight trapezial and paracervical tenderness on the right. There is weakness in the right shoulder in all planes of motion. The Tinel's sign and Plalen's tests are equivocal at the right carpal tunnel and negative on the left. There is mild stiffness in the right hand without triggering. Patient's medications include Voltaren and Prilosec. Per progress report dated 05/29/15, the patient is on modified duty. MTUS pg 69, NSAIDs, GI symptoms & cardiovascular risk Section states , "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Per progress report dated 05/29/15, treater's reason for the request is "She does require stomach protective medication given her history of GERD." However, treater has not documented GI assessment to warrant a prophylactic use of a PPI. Additionally, treater has not indicated how the patient is doing, what gastric complaints there are, and why she needs to continue. Finally, the patient is prescribed Voltaren, an NSAID, but has not been authorized. Therefore, the request is not medically necessary.

Voltaren 100mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, under Diclofenac.

Decision rationale: The patient presents with pain in the right neck and shoulder. The request is for VOLTAREN 100MG QUANTITY 60. The request for authorization is dated 06/25/15. MRI of the right shoulder, 06/25/15, reveals a full thickness rotator cuff tear of the shoulder. MRI of the cervical spine, 06/25/15, is unremarkable. Physical examination of the upper extremities reveal slight stiffness in the right shoulder with a painful arc of motion. The impingement sign is positive at the right shoulder. There is slight AC tenderness on the right. There is slight trapezial and paracervical tenderness on the right. There is weakness in the right shoulder in all planes

of motion. The Tinel's sign and Phalen's tests are equivocal at the right carpal tunnel and negative on the left. There is mild stiffness in the right hand without triggering. Patient's medications include Voltaren and Prilosec. Per progress report dated 05/29/15, the patient is on modified duty. ODG-TWC, Pain (Chronic) Chapter, under Diclofenac states: "Not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%. For a patient who has a 5% to 10% risk of having a heart attack, that is a significant increase in absolute risk, particularly if there are other drugs that don't seem to have that risk. For people at very low risk, it may be an option. (McGettigan, 2011)" Per progress report dated 05/29/15, treater's reason for the request is "She should continue with her non-steroidal anti-inflammatory medications for her chronic pain and inflammation." The patient is prescribed Voltaren since at least 01/09/15. Given patient's diagnosis and continued symptoms, guidelines support the use of NSAIDs. However, ODG supports Voltaren when other NSAIDs have failed and the patient is at a very low risk profile. There is no evidence in provided medical records that other NSAIDs have been trialed and failed, nor has treater addressed patient's risk profile. The request does not meet guidelines indication. Therefore, the request is not medically necessary.