

Case Number:	CM15-0191941		
Date Assigned:	10/06/2015	Date of Injury:	11/01/2013
Decision Date:	11/18/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/29/2015

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 35-year-old who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of November 1, 2013. In a utilization review report dated September 11, 2015, the claims administrator failed to approve requests for Tylenol No. 3, Voltaren Gel, and omeprazole. The claims administrator did, however, approve a request for Relafen. The claims administrator referenced a September 3, 2015 RFA form and an associated progress note of the same date in its determination. The applicant's attorney subsequently appealed. On said September 3, 2015 office visit, the applicant reported ongoing complaints of neck pain, 6-7/10 without medications versus 2/10 with medications. The applicant had undergone earlier shoulder surgery in February 2014. The applicant was not currently working, the treating provider reported. Relafen, Prilosec, and topical Lidoderm patches were endorsed. The applicant's permanent work restrictions were renewed. The attending provider acknowledged that tramadol made the applicant "very itchy," it was reported. Overall commentary was sparse.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #30/300mg, #60, 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: No, the request for Tylenol No. 3, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, it was reported on the November 3, 2015 office visit at issue. While the treating provider did outline reductions in pain reportedly effected as a result of ongoing medication consumption, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing Tylenol No. 3 usage. Therefore, the request was not medically necessary.

Voltaren gel 3%, x2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Similarly, the request for Voltaren Gel was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Voltaren (diclofenac) has "not been evaluated" for treatment of the spine, hip, and/or shoulder. Here, the applicant's primary pain generators, per the September 3, 2015 office visit at issue were in fact to the cervical spine and shoulder, i.e., body parts for which Topical Voltaren 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 provision of Voltaren Gel for body parts and diagnoses for which it has not been evaluated, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Omeprazole 20mg, #60, 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Finally, the request for omeprazole (Prilosec), 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 (Prilosec) are indicated in the treatment of NSAID-induced dyspepsia, here, however, there was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on September 3, 2015. Therefore, the request for omeprazole was not medically necessary.