

Case Number:	CM15-0198615		
Date Assigned:	11/02/2015	Date of Injury:	04/06/2015
Decision Date:	12/16/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/09/2015

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: 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 60 year old male, who sustained an industrial injury on April 06, 2015. The injured worker was diagnosed as having right lateral epicondylitis and right shoulder subacromial impingement. Treatment and diagnostic studies to date has included two cortisone injections, physical therapy, ultrasound of the right shoulder, and medication regimen. In a progress note dated September 21, 2015 the treating physician reports complaints of pain to the right elbow and right shoulder and popping to the right lateral elbow. Examination performed on September 21, 2015 was revealing for tenderness to the right lateral elbow, decreased range of motion to the right wrist with pain, positive middle finger test, tenderness to the right shoulder, and positive impingement sign. The progress note from September 21, 2015 did not indicate the injured worker's numeric pain level as rated on a visual analog scale or a current medication regimen. On September 21, 2015 the treating physician noted "disappointment that he is not improved with treatment to date" and included the treatments of two cortisone injections, physical therapy of an unknown quantity, and anti-inflammatory medications. The progress note on September 21, 2015 and August 20, 2015 did not include any gastrointestinal symptoms. The progress note from August 20, 2015 included the prescriptions for the medications of Voltaren and Prilosec. The progress note from August 20, 2015 did not include a current medication regimen or the injured worker's numeric pain level on a visual analog scale. On September 21, 2015 the treating physician requested Voltaren 100mg with a quantity of 60 and Prilosec 20mg with a quantity of 60, but did not indicate the specific reason for the requested medications. On October 06, 2015 the Utilization Review denied the retrospective requests for Voltaren 100mg with a quantity of 60 and Prilosec 20mg with a quantity of 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Voltaren 100mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non- MTUS Citation Official Disability Guidelines (ODG-TWC), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic) chapter under Diclofenac.

Decision rationale: The 60 year old patient complains of pain in right elbow and right shoulder, as per progress report dated 09/21/15. The request is for RETROSPECTIVE VOLTAREN 100mg, #60. There is no RFA for this case, and the patient's date of injury is 04/06/15. Diagnoses, as per progress report dated 04/06/15, included right lateral epicondylitis and right shoulder subacromial impingement. Medications include Voltaren and Prilosec. The patient is temporarily totally disabled, as per the same progress report. MTUS Chronic Pain Medical Treatment Guidelines 2009 page 67 and 68 and Anti-inflammatory medications section, Chronic Pain Medical Treatment Guidelines 2009, recommend NSAIDs (non-steroidal anti-inflammatory drugs) as an option for short-term symptomatic relief. ODG guidelines, Pain (chronic) chapter under Diclofenac state: 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%." It goes on to state that there is substantial increase in stroke. In this case, Voltaren is first noted in progress report dated 08/20/15. It is not clear when this medication was initiated. The treater does not discuss the efficacy of NSAIDs in terms of their impact on the patient's pain and function, as required by MTUS page 60 for all pain medications. Furthermore, while some prior reports document the use of Naprosyn, the treater does not explain the reason for switching to Voltaren. ODG does not support the use of Voltaren unless other NSAIDs have failed, as it increases the risk of stroke by about 40%. Hence, the request IS NOT medically necessary.

Retrospective Prilosec 20mg, #60: 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: The 60 year old patient complains of pain in right elbow and right shoulder, as per progress report dated 09/21/15. The request is for RETROSPECTIVE PRILOSEC 20mg, #60. There is no RFA for this case, and the patient's date of injury is 04/06/15. Diagnoses, as per progress report dated 04/06/15, included right lateral epicondylitis and right shoulder subacromial impingement. Medications include Voltaren and Prilosec. The patient is temporarily totally disabled, as per the same progress report. MTUS Chronic Pain Medical Treatment Guidelines 2009, pg 69, NSAIDs, GI symptoms & cardiovascular risk Section and Chronic Pain Medical Treatment Guidelines 2009 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." In this case, Prilosec along with Voltaren (NSAID) is first noted in progress report dated 08/20/15. It is not clear when this medication was initiated. Prophylactic use of PPI is indicated by MTUS. However, the treater has not provided GI risk assessment for the prophylactic use, as required by MTUS. Provided progress reports do not show evidence of gastric problems, and there is no mention of peptic ulcers as well. Additionally, the patient is under 65 years of age and there is no indication of concurrent use of ASA, corticosteroids, and/or an anticoagulant. Given the lack of relevant documentation, the request IS NOT medically necessary.