MAXIMUS Federal Services

Case Number:	CM15-0205567		
Date Assigned:	10/22/2015	Date of Injury:	06/15/2007
Decision Date:	12/04/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/20/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 58-year-old female, who sustained an industrial injury on 6-15-07. The injured worker has complaints of low back pain. Range of motion was limited in all planes. Right shoulder demonstrated tenderness over the periscapular and upper trapezius muscle. Subacromial crepitus was present upon passive ranging. The diagnoses have included thoracic or lumbosacral neuritis or radiculitis, unspecified and sprain of lumbar. Lumbar spine magnetic resonance imaging (MRI) on 6-23-15 revealed there is mild scoliotic curvature and L3-L4 and L4-L5, there is a broad 2-millimeter midline disc bulges resulting in effacement of the anterior thecal sac with mild central canal narrowing. Treatment to date has included prilosec; voltaren and ultram. The original utilization review (9-23-15) non-certified the request for voltaren XR 100mg quantity 30 and prilosec 20mg quantity 30. Several documents within the submitted medical records are difficult to decipher.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren XR 100mg quantity 30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

Decision rationale: The claimant sustained a work injury in June 2007 when she had low back, shoulder, and right upper extremity pain while lifting a heavy pot. An MRI of the lumbar spine in June 2015 included findings of mild multilevel degenerative changes with disc bulging and mild canal narrowing. When seen, she had a primary complaint of low back pain with lower extremity radiating symptoms with occasional right lower extremity numbness and tingling. Physical examination findings included paraspinal muscle tenderness with spasms. There was lumbosacral junction tenderness. There was decreased lumbar spine range of motion. Kemp's testing was positive and there was increased pain with lumbar extension. Ultram, Prilosec, and Voltaren XR were prescribed. The claimant has a history of gastritis and heartburn. Oral NSAIDS (nonsteroidal antiinflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Recommended dosing of Voltaren XR (diclofenac) for chronic pain is 100 mg per day. In this case, the claimant has chronic persistent pain and the requested dosing is within guideline recommendations and is medically necessary.

Prilosec 20mg quantity 30: Overturned

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

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

Decision rationale: The claimant sustained a work injury in June 2007 when she had low back, shoulder, and right upper extremity pain while lifting a heavy pot. An MRI of the lumbar spine in June 2015 included findings of mild multilevel degenerative changes with disc bulging and mild canal narrowing. When seen, she had a primary complaint of low back pain with lower extremity radiating symptoms with occasional right lower extremity numbness and tingling. Physical examination findings included paraspinal muscle tenderness with spasms. There was lumbosacral junction tenderness. There was decreased lumbar spine range of motion. Kemp's testing was positive and there was increased pain with lumbar extension. Ultram, Prilosec, and Voltaren XR were prescribed. The claimant has a history of gastritis and heartburn. Guidelines recommend consideration of a proton pump inhibitor for the treatment of dyspepsia secondary to NSAID therapy. In this case, the claimant continues to take Voltaren XR at the recommended dose and has a history of gastrointestinal upset. Prilosec (omeprazole) was medically necessary.