

Case Number:	CM15-0210328		
Date Assigned:	10/29/2015	Date of Injury:	07/25/2015
Decision Date:	12/10/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	10/26/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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:

This is a 27-year-old male with a date of industrial injury 7-25-2015. The medical records indicated the injured worker (IW) was treated for bilateral lumbosacral strain; bilateral lumbosacral radiculopathy; myofascial pain; bilateral thoracic strain; and bilateral thoracic radiculopathy. In the Doctor's First Report of Occupational injury (8-7-15), the IW complained of mid and low back pain rated 8 out of 10, aggravated by bending and prolonged positions. The exam on that date showed no abnormal results of sensory testing, muscle strength or reflexes in the bilateral lower extremities. In the 9-21-15 Initial Physiatry notes, the IW reported pain in the bilateral iliolumbar ligaments with radiation of pain down the bilateral lower extremities and some intermittent numbness and tingling sensations with weakness affecting both feet. He also complained of bilateral parathoracic muscle pain that radiated around the bilateral flanks. Anti-inflammatory medications were helpful in the past, but with noted gastritis-type symptoms. Current medications included Tylenol, Ibuprofen and Hydrocodone. He had a history of reflux. On examination (9-21-15 notes), there were some acute muscle spasms in the bilateral lumbosacral paraspinal muscle area. Range of motion was decreased by 10% of normal in the thoracic and lumbar spine. There was tenderness, trigger points and muscle spasms in the bilateral iliolumbar ligaments and tenderness in the bilateral parathoracic muscle area. Sensation was decreased in the dorsal aspects of the feet and the bilateral thoracic muscles in a band-like distribution. Reflexes were decreased in the bilateral ankles and strength was decreased in the bilateral dorsiflexors and bilateral extensor hallucis longus muscles. Straight leg raise was positive at 40 degrees bilaterally. Treatments included chiropractic treatment, with continued

pain. The IW was released for modified duty, but no modified duties were available at his place of employment. The provider was discontinuing the IW's current medications and prescribed Voltaren XR for inflammation, omeprazole for stomach prophylaxis, Neurontin for paresthesias and Flexeril for muscle spasms on 9-21-15. Flexeril was prescribed by another provider on 7-27-15. A Request for Authorization dated 9-22-15 was received for Voltaren XR 100mg, Omeprazole 20mg and Neurontin 600mg. The Utilization Review on 10-23-15 non-certified the request for Voltaren XR 100mg, Omeprazole 20mg and Neurontin 600mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren XR 100mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, non steroidal anti-inflammatory drugs.

Decision rationale: Pursuant to the to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Voltaren XR 100 mg #60 is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional nonsteroidal anti-inflammatory drugs and COX-2 nonsteroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. Diclofenac is not recommended as a first-line drug due to its increased risk profile. In this case, the injured worker's working diagnoses are bilateral lumbosacral strain; bilateral lumbosacral radiculopathy; myofascial pain; bilateral thoracic strain; and bilateral thoracic radiculopathy. Date of injury is July 25, 2015. Request for authorization is October 6, 2015. The documentation indicates the treating provider prescribed Nabumetone and Flexeril as for back as July 27, 2015. According to an initial evaluation (PM&R) dated September 21, 2015, current subjective complaints include pain in the bilateral iliolumbar ligament radiation down both legs with intermittent numbness and tingling. There is subjective weakness and feet. There is pain in the bilateral power thoracic muscle region that radiates around the bilateral flanks. Currently, the injured worker's medications include Tylenol, ibuprofen and hydrocodone. Objectively, there is tenderness, trigger points and muscle spasms in the bilateral iliolumbar ligament's and bilateral lumbar spine paraspinal muscles. There is tenderness in the bilateral thoracic muscle area. There is decreased sensation to light touch in the dorsal aspect of the bilateral feet. There is decreased sensation in a band like distribution in the thoracic muscle area bilaterally. There is normal muscle strength in the bilateral knees. The documentation indicates the injured worker has taken anti-inflammatories in the past with relief but notes having gastritis type symptoms. Ibuprofen is a nonsteroidal anti-inflammatory, but there are no proton pump inhibitors or H2 blockers documented. There is no documentation presently of gastritis type symptoms. There is a history of gastroesophageal reflux. There is no documentation demonstrating objective functional improvement when on improvement with ibuprofen. It is unclear why Voltaren XR is being

prescribed at this time. There is no documentation of failed first-line nonsteroidal anti-inflammatory drugs. There are no co-morbid conditions or risk factors for gastrointestinal events. As noted above, there is no documentation of failed first-line nonsteroidal anti-inflammatory drugs. Nonsteroidal anti-inflammatory drugs have been continued, at a minimum, as far back as July 27, 2015 with Nabumetone. There was no documentation or discussion of gastritis or failed Nabumetone. The October 6, 2015 progress note indicates the injured worker was using ibuprofen. There was no documentation of failed ibuprofen or objective functional improvement. Diclofenac is not recommended as a first-line drug due to its increased risk profile. There is no clinical indication or rationale for changing the present nonsteroidal anti-inflammatory drug to Voltaren XR. Based on clinical information in the medical record, the peer-reviewed evidence-based guidelines, no documentation of failed first-line nonsteroidal anti-inflammatory drug use (ibuprofen and Nabumetone) and guideline non-recommendations for diclofenac as a first-line nonsteroidal anti-inflammatory drug, Voltaren XR 100 mg #60 is not medically necessary.

Omeprazole 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Omeprazole 20mg is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. Protonix, Dexilant and Aciphex should be second line PPIs. In this case, the injured worker's working diagnoses are bilateral lumbosacral strain; bilateral lumbosacral radiculopathy; myofascial pain; bilateral thoracic strain; and bilateral thoracic radiculopathy. Date of injury is July 25, 2015. Request for authorization is October 6, 2015. The documentation indicates the treating provider prescribed Nabumetone and Flexeril as far back as July 27, 2015. According to an initial evaluation (PM&R) dated September 21, 2015, current subjective complaints include pain in the bilateral iliolumbar ligament radiation down both legs with intermittent numbness and tingling. There is subjective weakness and feet. There is pain in the bilateral power thoracic muscle region that radiates around the bilateral flanks. Currently, the injured worker's medications include Tylenol, ibuprofen and hydrocodone. Objectively, there is tenderness, trigger points and muscle spasms in the bilateral iliolumbar ligament's and bilateral lumbar spine paraspinal muscles. There is tenderness in the bilateral thoracic muscle area. There is decreased sensation to light touch in the dorsal aspect of the bilateral feet. There is decreased sensation in a band like distribution in the thoracic muscle area bilaterally. There is normal muscle strength in the bilateral knees. The documentation indicates the injured worker has taken anti-inflammatories in the past with relief but notes having gastritis type symptoms. And Ibuprofen is a nonsteroidal anti-inflammatory, but

there are no proton pump inhibitors or H2 blockers documented. There is no documentation presently of gastritis type symptoms. There is a history of gastroesophageal reflux. There is no history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation with comorbid conditions or risk factors gastrointestinal events and the present use of ibuprofen without the use of a proton pump inhibitor, Omeprazole 20mg is not medically necessary.

Neurontin 600mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Neurontin (Gabapentin) 600 mg is not medically necessary. Gabapentin is recommended for some neuropathic pain conditions and fibromyalgia. Gabapentin is associated with a modest increase in the number of patients experiencing meaningful pain reduction. Gabapentin is an anti-epilepsy drug. In this case, the injured worker's working diagnoses are bilateral lumbosacral strain; bilateral lumbosacral radiculopathy; myofascial pain; bilateral thoracic strain; and bilateral thoracic radiculopathy. Date of injury is July 25, 2015. Request for authorization is October 6, 2015. The documentation indicates the treating provider prescribed Nabumetone and Flexeril as for back as July 27, 2015. According to an initial evaluation (PM&R) dated September 21, 2015, current subjective complaints include pain in the bilateral iliolumbar ligament radiation down both legs with intermittent numbness and tingling. There is subjective weakness and feet. There is pain in the bilateral power thoracic muscle region that radiates around the bilateral flanks. Currently, the injured worker's medications include Tylenol, ibuprofen and hydrocodone. Objectively, there is tenderness, trigger points and muscle spasms in the bilateral iliolumbar ligament's and bilateral lumbar spine paraspinal muscles. There is tenderness in the bilateral thoracic muscle area. There is decreased sensation to light touch in the dorsal aspect of the bilateral feet. There is decreased sensation in a band like distribution in the thoracic muscle area bilaterally. There is normal muscle strength in the bilateral knees. The documentation indicates the injured worker has taken anti-inflammatories in the past with relief but notes having gastritis type symptoms. Ibuprofen is a nonsteroidal anti-inflammatory, but there are no proton pump inhibitors or H2 blockers documented. There is no documentation presently of gastritis type symptoms. There is a history of gastroesophageal reflux. According to the utilization review #1151206 dated October 2, 2015, Neurontin 600 mg #90 was certified. The request for authorization is dated October 6, 2015. There is no clinical indication for the premature request for Neurontin 600 mg. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, and certification for Neurontin 600mg #90 October 2, 2015, Neurontin (Gabapentin) 600 mg is not medically necessary.