

Case Number:	CM15-0219129		
Date Assigned:	11/12/2015	Date of Injury:	06/26/2013
Decision Date:	12/23/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/06/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 injured worker is a 49 year old female, who sustained an industrial injury on 06-26-2013. The injured worker was diagnosed as having cervical sprain-strain neck, headaches, chronic myofascial pain and carpal tunnel syndrome. On medical records dated 10-21-2015 and 11-02-2015 the subjective complaints were noted as neck pain rated 8 out of 10 and headaches. Objective findings were noted as cervical spine range of motion was decreased and positive for tenderness to palpation to cervical area. Treatment to date included medication, home exercise program, heat and TENS therapy. Current medications were listed as Diclofenac (since at least 04-2015), Gabapentin, Omeprazole (since at least 04-2015), Sumatriptan Succinate, Lidopro and Tramadol. The Utilization Review (UR) was dated 10-28-2015. A Request for Authorization was dated 10-22-2015. The UR submitted for this medical review indicated that the request for Omeprazole 20mg #60, Diclofenac Sodium ER 100mg #60 and Cortisone Injection at C5-C6 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injection at C5-C6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The MTUS Guidelines state that epidural steroid injections are recommended as an option for treatment of lumbar radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) and can offer short term pain relief, but use should be in conjunction with other rehab efforts, including continuing a home exercise program. The criteria as stated in the MTUS Guidelines for epidural steroid injection use for chronic pain includes the following: 1. radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, 2. Initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs, and muscle relaxants), 3. Injections should be performed using fluoroscopy for guidance, 4. If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections, 5. No more than two nerve root levels should be injected using transforaminal blocks, 6. No more than one interlaminar level should be injected at one session, 7. in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year, and 8. Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase, and instead only up to 2 injections are recommended. In the case of this worker, there was subjective complaints of numbness and tingling in the arms. However, there was insufficient corroboration of objective findings to confirm the diagnosis of cervical radiculopathy at C5-6 to warrant a steroid injection of the area. Recent EMG/NCV showed no evidence of cervical radiculopathy and there was insufficient physical findings such as decreased sensation. MRI of the cervical spine was summarized as showing signs of degenerative disc disease, however, no full report of the complete findings were available for review. Therefore, it appears that there is insufficient supportive data for this request, and the cervical injection is not medically necessary.

Diclofenac Sodium ER 100mg #60: Upheld

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).

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-

term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, and those at risk for gastrointestinal bleeding. In the case of this worker there is record of having taken diclofenac regularly to help relieve the chronic persistent pain. However, there was insufficient reporting found of clear functional gain and pain level reduction independently related to the diclofenac use. Regardless, however, chronic ongoing use of this medication is not recommended for the diagnoses listed and leads to significant increases in risks associated with the side effects of this medication. Therefore, this request for diclofenac is not medically necessary.

Omeprazole 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors (PPIs).

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleedings, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. The ODG states that decisions to use PPIs long-term must be weighed against the risks. The potential adverse effects of long-term PPI use include B12 deficiency; iron deficiency; hypomagnesemia; increased susceptibility to pneumonia, enteric infections, and fractures; hypergastrinemia, and cancer. H2-blockers, on the other hand have not been associated with these side effects in general. In the case of this worker, there was NSAID use reported, however, no other risk factors were seen listed in the record which would have placed them at an elevated risk for gastrointestinal events to warrant PPI use on a regular basis as was prescribed for this worker. Therefore, this request for omeprazole is not medically necessary.