

Case Number:	CM15-0221368		
Date Assigned:	11/17/2015	Date of Injury:	07/06/2012
Decision Date:	12/30/2015	UR Denial Date:	11/03/2015
Priority:	Standard	Application Received:	11/11/2015

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 35 year old female, who sustained an industrial injury on 07-06-2012. A review of the medical records indicates that the worker is undergoing treatment for cervical spine strain and sprain, herniated cervical disc at C6-C7, right shoulder strain and sprain with tendinitis, right elbow strain and sprain with tendinitis, bilateral wrist strain and sprain and bilateral hand sprain and strain. Treatment has included Voltaren (since at least 06-10-2015) for inflammation, Prilosec (since at least 05-14-2015) for protection of gastric mucosa, Norco, Naproxen, physical therapy, acupuncture and chiropractic therapy. Subjective complaints on 07-22-2015 included neck pain radiating to the bilateral arms and headaches. Objective findings showed decreased range of motion of the cervical spine, positive Foraminal compression and Spurling's tests and tightness and spasms in the trapezius, sternocleidomastoid and straps muscle bilaterally. Subjective complaints (08-28-2015 and 10-02-2015) included neck pain radiating to the bilateral upper extremities and low back pain radiating to the legs. Medications including Voltaren and Prilosec were noted to help decrease pain although pain ratings before and after the use of medication were not provided. Objective findings on 08-28-2015 showed decreased range of motion of the cervical spine and shoulders, tightness, spasm, muscle guarding of the trapezius, sternocleidomastoid and strap muscles, tenderness of the right shoulder muscles, decreased muscle strength of the right shoulder, decreased range of motion of the wrists and hands and tenderness of the wrists and hands. Objective findings (10-02-2015) included decreased range of motion of the cervical spine, lumbar spine, right wrist and right shoulder, tightness and spasm in the trapezius, sternocleidomastoid and straps muscle bilaterally, tenderness of the greater

tuberosity of the right shoulder, subacromial grinding and clicking of the right humerus, tenderness over the rotator cuff muscles on the right, tenderness of the right wrist, tightness and spasm of the lumbar paraspinal muscles bilaterally, hypoesthesia along the anterior lateral aspect of the foot and ankle, L5 and S1 dermatome bilaterally and weakness with big toe dorsiflexion and plantar flexion bilaterally. The documentation submitted does not indicate significant pain relief or objective functional improvement with the use of Voltaren. There was no discussion of the worker's risk factors for gastrointestinal events and no gastrointestinal complaints were documented. A utilization review dated 11-03-2015 non-certified requests for Prilosec 20 mg #60 and Voltaren XR 100 mg #60 twice a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60: Upheld

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

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

Decision rationale: The 35 year old patient complains of neck pain radiating to bilateral upper extremities along with tingling sensation in the right hand, low back pain radiating to bilateral lower extremities, headaches, anxiety and depression, as per progress report dated 10/02/15. The request is for PRILOSEC 20mg #60. There is no RFA for this case, and the patient's date of injury is 07/06/12. Diagnoses, as per progress report dated 10/02/15, included cervical strain with herniated disc at C6-7 and radiculitis/radiculopathy, right shoulder sprain/strain with tendinitis, impingement and SLAP tear, right elbow sprain/strain with medial collateral and triceps ligament tendinitis and cubital tunnel syndrome, right wrist sprain/strain, right hand sprain/strain with carpal tunnel syndrome, left wrist sprain/strain with tendinitis, and left hand sprain/strain with tendinitis and carpal tunnel syndrome, cephalgia, and symptoms of anxiety and depression. Medications included Norco, Prilosec, Voltaren, and Flexeril. Diagnoses, as per neurology progress report dated 05/14/15, included headaches, tinnitus, sleep initiation and maintenance insomnia, bilateral cervical radiculopathy, right carpal tunnel syndrome with possible right cubital tunnel syndrome, and comorbid orthopedic conditions involving right shoulder and right wrist. The patient is temporarily totally disabled, as per progress report dated 10/02/15. 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 is first noted in progress report dated 06/10/15. It is not clear when the medication was initiated. As per progress

report dated 10/02/15, Prilosec is being prescribed for "stomach acid". 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.

Voltaren XR 100mg #60, twice a day: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Forearm, Wrist, and Hand Complaints 2004, and Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

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 35 year old patient complains of neck pain radiating to bilateral upper extremities along with tingling sensation in the right hand, low back pain radiating to bilateral lower extremities, headaches, anxiety and depression, as per progress report dated 10/02/15. The request is for VOLTAREN XR 100mg #60, TWICE A DAY. There is no RFA for this case, and the patient's date of injury is 07/06/12. Diagnoses, as per progress report dated 10/02/15, included cervical strain with herniated disc at C6-7 and radiculitis/radiculopathy, right shoulder sprain/strain with tendinitis, impingement and SLAP tear, right elbow sprain/strain with medial collateral and triceps ligament tendinitis and cubital tunnel syndrome, right wrist sprain/strain, right hand sprain/strain with carpal tunnel syndrome, left wrist sprain/strain with tendinitis, and left hand sprain/strain with tendinitis and carpal tunnel syndrome, cephalgia and symptoms of anxiety and depression. Medications included Norco, Prilosec, Voltaren, and Flexeril. Diagnoses, as per neurology progress report dated 05/14/15, included headaches, tinnitus, sleep initiation and maintenance insomnia, bilateral cervical radiculopathy, right carpal tunnel syndrome with possible right cubital tunnel syndrome, and comorbid orthopedic conditions involving right shoulder and right wrist. The patient is temporarily totally disabled, as per progress report dated 10/02/15. 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 07/22/15. It is not clear when the medication was initiated. As per progress report dated 10/02/15, the patient is taking medications to "help decrease the pain". The treater also states that Voltaren is being prescribed for inflammation. The treater, however, 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, although neurology progress report dated 05/14/15 documents the use of Naproxen, there is no indication that the medication is ineffective. 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.