MAXIMUS Federal Services

Case Number:	CM15-0031145		
Date Assigned:	02/24/2015	Date of Injury:	01/15/1997
Decision Date:	04/03/2015	UR Denial Date:	02/14/2015
Priority:	Standard	Application Received:	02/19/2015

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:

The injured worker is a 74 year old male who sustained an industrial related injury on 1/15/97. The injured worker had complaints of upper extremity pain. Physical examination findings included right arm guarding, hypersensitivity, and hyperhidrosis of the right arm and hand. Diagnoses included complex regional pain syndrome type 1 of the left lower extremity and brachial plexopathy. Treatment included a home exercise program. Medications included Tylenol #3 with Codeine, Neurontin, Omeprazole, Voltaren, and Soma. The treating physician requested authorization for Omeprazole 20mg #60, Tylenol #3 with Codeine #60, and Voltaren 75mg #60. Regarding Omeprazole, the utilization review (UR) physician cited the Medical Treatment Utilization Schedule (MTUS) guidelines. The UR physician noted given the injured worker's advanced age and risk for complications secondary to NSAIDs and proton pump inhibitors these should not be continued long term. Regarding Tylenol and Voltaren, the UR physician cited the MTUS guidelines and noted there is a lack of recent documentation which is needed in support of the benefit of the medication and needed for ongoing opioids. Therefore the requests were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68, 69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. 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 20 mg #60 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking non-steroidal 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 non-steroidal anti-inflammatory drugs. In this case, the injured worker's working diagnoses are complex regional pain syndrome type I, left lower extremity, stable; and brachial plexopathy, stable. Documentation pursuant to an August 14, 2014 progress note shows the treating provider prescribed Tylenol with codeine #3, Voltaren and omeprazole at that time. The documentation from the more recent January 29, 2015 progress note shows similar language in both the subjective and objective sections of the medical record. The documentation does not contain evidence of a past medical history or comorbid conditions with risk factors for gastrointestinal events. Specifically, there is no history of G.I. bleeding, peptic ulcer disease, concurrent use of aspirin, etc. Consequently, absent clinical documentation with risk factors for gastrointestinal events, Omeprazole 20 mg #60 is not medically necessary.

Tylenol with codeine #3 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tylenol with Codeine #3, #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are complex regional pain syndrome type I, left lower extremity, stable; and brachial plexopathy, stable. Documentation pursuant to an August 14, 2014 progress note shows the treating provider prescribed Tylenol with codeine #3, Voltaren and omeprazole at that time. The documentation from the more recent January 29, 2015 progress note shows similar language in both the subjective and objective sections of the medical record. The documentation

does not contain evidence of objective functional improvement with Tylenol with codeine #3. There were no detailed pain assessments in the medical record. There are no risk assessments in the medical record. Consequently, absent compelling clinical documentation with objective functional improvement to support the ongoing use of Tylenol with codeine #3, Tylenol with Codeine #3, #60 is not medically necessary.

Voltaren 75mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAI.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Voltaren 75mg #60 is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are complex regional pain syndrome type I, left lower extremity, stable; and brachial plexopathy, stable. Documentation pursuant to an August 14, 2014 progress note shows the treating provider prescribed Tylenol with codeine #3, Voltaren and omeprazole at that time. The documentation from the more recent January 29, 2015 progress note shows similar language in both the subjective and objective sections of the medical record. The documentation does not contain evidence of objective functional improvement with Voltaren 75mg. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. The injured worker has been taking Voltaren for approximately six months. Consequently, absent compelling clinical documentation with objective functional improvement to support the ongoing use of Voltaren, Voltaren 75mg #60 is not medically necessary.