

Case Number:	CM15-0032256		
Date Assigned:	02/25/2015	Date of Injury:	09/24/2014
Decision Date:	04/13/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/20/2015

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: California, Hawaii

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 57 year old male, who sustained an industrial injury on September 24, 2014. He has reported injury of the left upper back and neck. The diagnoses have included rotator cuff syndrome, impingement syndrome. Treatment to date has included physical therapy, chiropractic treatment, injections, and medications. Currently, the IW complains of continued left upper back pain with radiation into the left neck, and associated occasional numbness and tingling and pain into the left upper arm. He is noted to have tenderness, swelling, and spasms in the upper back area, with pain noted to the neck. On February 13, 2015, Utilization Review non-certified Omeprazole (Prilosec) 20mg, #1, and Voltaren tablets 75mg, #60, and Restoril 15mg, #1, and 12 additional physical therapy sessions for the right shoulder. The MTUS guidelines were cited. On February 17, 2015, the injured worker submitted an application for IMR for review of Omeprazole (Prilosec) 20mg, #1, and Voltaren tablets 75mg, #60, and Restoril 15mg, #1, and 12 additional physical therapy sessions for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg a day Qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain-NSAIDs, GI symptoms and CV Risk Page(s): 68-69.

Decision rationale: The patient continues to have complaints of left upper back pain with radiation into the left upper neck with occasional numbness and tingling in the left upper arm. The current request is for Prilosec 20mg/day Qty: 1. Prilosec (Omeprazole) is a proton pump inhibitor that decreases the amount of acid in the stomach. It is used to treat GERD and other conditions caused by excess stomach acid. The patient's medication regimen includes Voltaren gel, Restoril, and Prilosec. The medical reports provided for review provide no discussion regarding the requested medication. MTUS Chronic Pain Medical Treatment Guidelines Pg 68-69 under NSAIDs, GI symptoms & cardiovascular risk, indicate that Omeprazole is used for Treatment of dyspepsia secondary to NSAID therapy. 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. Routine prophylactic use of PPI without documentation of gastric issues is not supported by the guidelines without GI-risk assessment. In this case, there is no discussion of the patient being at risk for GI events or cardiovascular disease. As such, recommendation is for denial.

Voltaren 75mg twice a day Qty: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac Sodium Page(s): 71.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter, Voltaren Gel.

Decision rationale: The patient continues to have complaints of left upper back pain with radiation into the left upper neck with occasional numbness and tingling in the left upper arm. The current request is for Voltaren Gel. The attending physician provides no discussion for the request for Voltaren Gel. The ODG has the following to say regarding Voltaren Gel: Not recommended as a first-line treatment. Voltaren Gel is recommended for osteoarthritis after failure of an oral NSAID, or contraindications to oral NSAIDs, or for patients who cannot swallow solid oral dosage forms, and after considering the increased risk profile with diclofenac, including topical formulations. According to FDA MedWatch, postmarketing surveillance of Voltaren Gel has reported cases of severe hepatic reactions, including liver necrosis, jaundice, fulminant hepatitis with and without jaundice, and liver failure. Some of these reported cases resulted in fatalities or liver transplantation. In this case there is no discussion of failure of first-line treatments, or contraindications of oral NSAIDs. As such, the recommendation is for denial.

Restoril 15mg at bedtime Qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain- Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The patient continues to have complaints of left upper back pain with radiation into the left upper neck with occasional numbness and tingling in the left upper arm. The current request is for Restoril 15mg at bedtime Qty:1. The attending physician provides no discussion as to why this medication was prescribed and requested. Restoril belongs to a group of drugs called benzodiazepines. Restoril is used to treat insomnia symptoms, such as trouble falling or staying asleep. The attending physician offers no discussion regarding the purpose of this medication. The MTUS Guidelines page 24 states, benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence. Benzodiazepines run the risk of dependence and difficulty of weaning per MTUS and ODG Guidelines. It is not recommended for a long-term use. Given that the attending physician has provided no diagnoses of insomnia it is unclear as to why the medication is being requested. Medical necessity is not supported in this case and as such, recommendation is for denial.

Additional physical therapy right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Work Loss Data Institute, ODG Treatment in Workers Compensation, 7th Edition, Treatment Index; Shoulder.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The patient continues to have complaints of left upper back pain with radiation into the left upper neck with occasional numbness and tingling in the left upper arm. The current request is for additional physical therapy. The attending physician report dated 1/30/15 (page 32 b), states "needs more PT." In this case, the patient has already received some physical therapy to date. The available records provide no discussion of how many visits or functional improvement with the physical therapy to date. Therefore, the current request for additional physical therapy (of unknown quantity of visits) is not supported by MTUS and as such, recommendation is for denial.