

<b>Case Number:</b>	CM14-0111267		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	06/14/2013
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2014

### 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. The expert reviewer is Board Certified in Neurological Surgery, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 records presented for review indicate that this 50 year-old male was reportedly injured on 6/14/2013. The mechanism of injury is noted as a slip and fall. The most recent progress note, dated 8/12/2014. Indicates that there are ongoing complaints of neck, bilateral upper extremity pain and low back pain. The physical examination demonstrated Cervical spine: flexion 60, extension 30, and rotation 30 bilaterally, site and 20 right, 30 left. Positive tenderness to palpation bilateral cervical paraspinal muscles. Bilateral shoulders: flexion 140 right, 120 at the left. Positive tenderness to palpation posterior aspect of the right shoulder, positive Hawkins test on the right. Motor and sensory exam within normal limits. No recent diagnostic imaging studies are available for review. Previous treatment includes medication and physical therapy. A request had been made for MRI of the cervical spine, Diclofenac 100 mg #30, Omeprazole 20 mg #60 and was not certified in the pre-authorization process on 7/8/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI, of the cervical spine Qty: 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) - Cervical and Thoracic Spine Disorders - Diagnostic Investigations - MRI (electronically sited).

**Decision rationale:** ACOEM practice guidelines support a MRI of the cervical spine for patients with subacute or chronic radicular pain syndromes lasting at least 4 to 6 weeks in whom the symptoms are not trending towards improvement if both the patient and surgeon are considering prompt surgical treatment, assuming the MRI confirms ongoing nerve root compression. Review of the available medical records report No evidence of radiculopathy on physical exam. As such, the request is not considered medically necessary.

**Diclofenac 100mg Qty: 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

**Decision rationale:** (Diclofenac) is a nonselective NSAID not recommended for first-line use due to its increased risk profile. Evidence-based studies are available evidencing that diclofenac poses equivalent risk of cardiovascular events to patients as did Vioxx (a Cox 2 inhibitor that was taken off the market due to these effects). For this reason, it is recommended that providers avoid diclofenac as a first-line nonsteroidal anti-inflammatory medication. There is no indication in the record that the claimant has failed a course of first-line NSAID medications. In the absence of such documentation, recommendation is made for an alternate NSAID. Therefore, this request is not medically necessary.

**Omeprazole 20mg Qty: 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**Decision rationale:** MTUS guidelines support the use of proton pump inhibitors (PPI) in patients taking non-steroidal anti-inflammatory medications with documented gastroesophageal distress symptoms and/or significant risk factors. Review of the available medical records, fails to document any signs or symptoms of GI distress which would require PPI treatment. As such, this request is not considered medically necessary.