

Case Number:	CM14-0115104		
Date Assigned:	08/22/2014	Date of Injury:	08/22/2013
Decision Date:	10/15/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/23/2014

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 Physical Medicine and Rehabilitation 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 patient is a 54 year old female who was injured on 08/22/2013. The mechanism of injury is unknown. The patient's medications as of 02/18/2014 included omeprazole DR 20 mg, Medrox, and Naproxen. Diagnostic studies reviewed include MRI of the right wrist dated 04/14/2014 demonstrated increased size and signal within the carpal tunnel and there is borderline bowing of the flexor retinaculum. EMG/NCV of bilateral upper extremities dated 04/04/2014 revealed evidence of mild right carpal tunnel syndrome affecting the sensory component. Progress report dated 07/01/2014 documented the patient to have complaints of significant neck pain and bilateral shoulder pain radiating to her bilateral elbows, wrists, and hands. On exam, the lumbar spine revealed tenderness of the paravertebral muscle with spasm. Range of motion is decreased by 30%. Straight leg raise is positive bilaterally and sensation is reduced in the bilateral L5 dermatomal distribution. The patient is diagnosed with lumbar radiculopathy, anxiety and peptic ulcer disease. The patient was recommended physical therapy to the neck, back, bilateral shoulders and wrists 3 times a week for 4 weeks. She was also recommended omeprazole, Carisoprodol and Voltaren Gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR 20mg Capsule take one daily Qty:30 ref :2: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: According to the CA MTUS, Omeprazole "PPI" is recommended for Patients at intermediate risk for gastrointestinal events. The guidelines state PPI medications such as Omeprazole (Prilosec) may be indicated for patients at risk for gastrointestinal events, which should be determined by the clinician: 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). In this case, the IW has documented history of PUD. She is also taking NSAIDs. Therefore, the request is medically necessary in accordance with the CA MTUS guidelines; thus certified.

Physical Therapy; 12 sessions 3x4, neck, back, bilateral shoulders and bilateral wrists:
Upheld

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

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

Decision rationale: As per CA MTUS guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The guidelines recommend 9 visits over 8 weeks intervertebral disc disorders (neck / back) without myelopathy, and 1- 3 PT visits over 3-5 weeks for carpal tunnel syndrome. CA MTUS - Physical Medicine; Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. In this case, the records indicate that the IW has neck and back pain with radiculopathy as well as B/L CTS. She was previously approved for 8 PT; however, the submitted clinical information is limited and there is no record of any physical therapy progress notes with documentation of any significant improvement in the objective measurements (i.e. pain level, range of motion, strength or function). Furthermore, there is no mention of the patient utilizing an HEP. Additionally, the request for physiotherapy would exceed the guidelines recommendation. Therefore, the request is considered not medically necessary in accordance with the guidelines.

Carisoprodol 350 mg tablet. one 2x a dily: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: Per guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). This medication is not indicated for long-term use. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. This includes the following: (1) increasing sedation of benzodiazepines or alcohol; (2) use to prevent side effects of cocaine; (3) use with tramadol to produce relaxation and euphoria; (4) as a combination with hydrocodone, an effect that some abusers claim is similar to heroin (referred to as a "Las Vegas Cocktail"); & (5) as a combination with codeine (referred to as "Soma Coma"). In this case, there is no evidence of substantial spasm, refractory to first line therapy. There is no documentation of any significant improvement with continuous use. Long term use of antispasmodics is not recommended. Therefore, the request is not medically necessary and is non-certified.

Voltaren 1% Gel: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-113.

Decision rationale: The CA MTUS/ODG states that the only NSAID that is FDA approved for topical application is diclofenac (Voltaren 1% Gel). Clinical trial data suggest that diclofenac sodium gel provides clinically meaningful analgesia in OA patients with a low incidence of systemic adverse events. Voltaren Gel 1% (diclofenac): Indicated for relief of osteoarthritis pain in a joint that lends itself to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. In this case, there is no documentation of OA of hand / wrist, elbow, ankle, foot and knee. Therefore, the medical necessity of the request for Voltaren gel is not certified according to guidelines.