

Case Number:	CM14-0142181		
Date Assigned:	09/10/2014	Date of Injury:	07/18/2011
Decision Date:	10/10/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	09/02/2014

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, has a subspecialty in Interventional Spine, 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 41-year-old male with a date of injury of 07/18/2011. The listed diagnoses per [REDACTED] are: 1. S/P left ankle crush injury with subsequent incision and drainage, left distal tibia slightly improved. 2. Rule out rotator cuff tear, shoulder, S/P 3 injections .3. Rule out intercarpal ligament tears both wrists. 4. Rule out bilateral carpal tunnel syndrome. 5. Probable chondromalacia patella, bilateral knees. 6. Bilateral knee medial compartment arthritis. 7. Cervicothoracic spine strain rule out cervical radiculopathy. 8. Lumbar strain rule out lumbar radiculopathy. According to progress report 07/30/2014, the patient presents with increase in left ankle, neck, bilateral shoulder, bilateral wrist, bilateral knee, and low back pain. The patient rates his pain between 7-8/10. Examination of the right shoulder revealed weakness with flexion, abduction, and internal rotation. There was limited range of motion and positive Hawkins and impingement. Bilateral wrist revealed generalized tenderness over the wrist and diminished light touch in both hands. Examination of the lumbar spine revealed positive straight leg raise and Braggard's on the left. The treater is requesting an MRI of the cervical spine, refill of Diclofenac 1% gel, and Duexis 800/26.6 #90. Utilization review denied the request on 08/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI cervical spine: Upheld

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

MAXIMUS 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 (ODG) ODG-TWC guidelines also discuss MR imaging in neck pain. (<http://www.odg-twc.com/odgtwc/neck.htm#Procedures>) Not recommended except for indications list below. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness, and have no neurologic findings, do not need imaging.

Decision rationale: This patient presents with ankle, bilateral shoulder, bilateral wrist, bilateral knee, neck, and low back pain. Review of progress reports from 07/30/2013 through 10/23/2013 indicates the patient has "neck pain" but provides no physical examination. Progress report back from 09/11/2013 indicates the patient has muscle spasm in the cervical spine and tenderness to palpation of the paraspinal musculature. ODG Guidelines recommends MRI studies for chronic neck pain after 3 months of conservative treatment when radiographs are normal and neurologic signs or symptoms are present. It does not appear the patient has had prior cervical spine imaging. In this case, there are no concerns for tumor, infection, dislocation, myelopathy, or any other red flag conditions. In addition, the examination did not reveal any neurological deficit and no radiating symptoms. Therefore, this request is not medically necessary.

Diclofenac 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 Analgesics Page(s): 111.

Decision rationale: This patient presents with ankle, bilateral shoulder, bilateral wrist, bilateral knee, neck, and low back pain. The treater is requesting Diclofenac 1% gel. The MTUS Guidelines allow for the use of topical NSAID for peripheral joint arthritis and tendinitis. In this case, the patient does not suffer from peripheral joint arthritis or tendinitis problem for which topical NSAID are indicated for. Therefore, this request is not medically necessary.

Duexis 26.6/800 mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain: NSAIDs (non-steroidal anti-inflammatory drugs)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, NSAIDs, GI symptoms & cardiovascular risk Page(s): 22,69.

Decision rationale: This patient presents with ankle, bilateral shoulder, bilateral wrist, bilateral knee, neck, and low back pain. The treater is requesting a refill of Duexis 26.6/800 mg #90. Duexis is a combination of NSAID and famotidine. For anti-inflammatory medications, the MTUS Guidelines page 22 states "anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long term use may not be warranted." For Famotidine, The MTUS Guidelines page 68 and 69 state, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors." MTUS recommends determining risk for GI events before prescribing prophylactic PPI or Omeprazole. GI risk factors include: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. Although NSAIDs are indicated for chronic pain, the treater does not provide a discussion regarding functional improvement or pain relief with utilizing Duexis. There is no discussion as to why a combination medication is required. There is no GI risk assessment to determine the patient's need for prophylactic PPI's to be used in conjunction with an NSAID. Therefore, this request is not medically necessary.