

Case Number:	CM14-0094217		
Date Assigned:	07/25/2014	Date of Injury:	07/27/2011
Decision Date:	09/18/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/20/2014

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 injured worker is a 52-year-old male who reported an injury on 02/27/2014. The mechanism of injury was not provided. The injured worker's diagnoses are cervicogenic headaches and cervical myofasciitis. The injured worker's medications were noted as Norco 10/325 mg, Neurontin, Fioricet, omeprazole, and Voltaren gel. Prior treatment includes cervical epidural injection, medication, physical therapy and continuous positive airway pressure. Surgical history is right ocular surgery with hardware placement and subsequent hardware removal as well as partial skin flap and grafting. The injured worker's diagnostics included a CT of the orbits without contrast as well as an MRI of the cervical spine and an EMG/NCV of the upper extremities. The injured worker complained of neck pain that radiated to his left shoulder and complained of increased right upper extremity numbness. He continued to complain of headaches which are being better controlled with Fioricet. The patient was taking omeprazole for gastrointestinal symptoms secondary to the medication and was using Voltaren gel for local anti-inflammatory effect. Examination on 03/13/2014 revealed the injured worker had spasms in the bilateral paracervical musculature and tenderness as well as trigger points. Range of motion was decreased and he had decreased sensation to light touch over the right C7 nerve root distribution. The provider's treatment plan was to continue Norco, Neurontin, Fioricet, omeprazole, Zanaflex and Voltaren gel. The request for authorization form was not submitted within the documentation provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 200mg (quantity unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The request for Voltaren gel 200 mg (quantity unspecified) is not medically necessary. The injured worker has a history of pain that was rated at 5/10 with medication and 8/10 to 9/10 without medication. The California Medical Treatment Utilization Schedule states that Voltaren gel is indicated for relief of osteoarthritis pain in the joint that lends themselves to topical treatment to include ankle, elbow, foot, hand, knee, and wrist. The guidelines state that Voltaren gel has not been evaluated for the treatment of the spine, hip, or shoulder. The injured worker has neck complaints. The request did not specify the location of the application for the proposed gel. In addition, the injured worker does not have a diagnosis of osteoarthritis. The injured worker has been using this medication since 11/2013 and there was a lack of documentation provided supporting functional improvement as a result of this medication to support continuation. Furthermore, the request does not include the frequency or a quantity of the proposed medication. Given the above, the request is not medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, gastrointestinal symptoms and cardiovascular risk Page(s): 68-69.

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

Decision rationale: The request for omeprazole 20 mg #60 is not medically necessary. The California MTUS Pain Guidelines state that proton pump inhibitors may be recommended to treat dyspepsia secondary to NSAID therapy. The addition of a proton pump inhibitor is also supported for patients taking NSAID medications who have cardiovascular or significant factors for gastrointestinal events. However, there was no documentation indicating that the injured worker complained of dyspepsia with the use of NSAID medication or cardiovascular disease or significant risk factors for gastrointestinal events. In the absence of this documentation, the request is not supported by the guidelines. The efficacy of this medication was not provided to support continuation. Additionally, the request failed to include the frequency of the medication. As such, the request for omeprazole 20 mg #60 is not medically necessary.