

Case Number:	CM14-0213329		
Date Assigned:	12/30/2014	Date of Injury:	02/27/2007
Decision Date:	02/27/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

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 58 year-old female with an original date of injury on February 27, 2007. The industrially related diagnoses are carpal tunnel syndrome, shoulder pain, elbow pain, hand pain, lateral epicondylitis, cervical spine stenosis, and cervical disc degeneration. The patient has had physical therapy, shockwave therapy, and trigger finger injection. A MRI of the cervical spine on 2/10/2014 revealed straightening of normal cervical lordosis, C5-C6 moderate central canal stenosis with impingement on the anterior aspect of the cord, severe right and moderate left foraminal narrowing related to unciniate and facet hypertrophy, C6-C7 broad based disc bolt, retrolisthesis, mild central canal stenosis, and moderate right and severe left foraminal narrowing. The patient's treatment to date included Voltaren 1% gel, Duexis, Neurontin, Prilosec, ibuprofen, and atorvastatin. The patient has documented to have failed Ultram, Nucynta, Tylenol with codeine, and Celebrex. The disputed issues are the requests for Prilosec 20 mg quantity 30, Voltaren 1% gel, and ibuprofen 400 mg quantity 60 tablets. A utilization review on December 10, 2014 has non-certified requests. With regards to the requests for ibuprofen, the utilization review stated that the patient has been on long-term NSAID treatment without any documentation of significant benefit. Therefore, the request is not reasonable. With regards to Prilosec, the request was denied because the patient is not at increased risk for GI events and there is no documentation of dyspepsia. With regards to Voltaren 1% gel, a utilization review denied the request because there is no documentation of failure of first-line treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec DR 20mg # 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69 of 127.

Decision rationale: California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. The patient is currently taking Duexis which is a combination of ibuprofen 800 mg and famotidine 26.6 mg, a NSAID and a H2 blocker. Within the medical information available for review, several progress notes dated from September 8, 2014 to October 13, 2014, there are indications that the patient was given Prilosec 20 mg and Duexis at the same time. There is no documentation of GI upset in relation to NSAID use. In addition, it is unclear why the patient needs both a proton pump inhibitor and H2 blocker treatment at the same time. Therefore, this request is not medically necessary.

Voltaren 1 % Gel: 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 Page(s): 112 of 127.

Decision rationale: The Chronic Pain Medical Treatment Guidelines on page 112 state the following: "Voltaren Gel 1% (diclofenac): Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity). The most common adverse reactions were dermatitis and pruritus. (Voltaren package insert) For additional adverse effects: See NSAIDs, GI symptoms and cardiovascular risk; & NSAIDs, hypertension and renal function." A progress note on October 13, 2014 indicated patient was given Voltaren cream for left lateral epicondylitis and right hand pain. It is documented that the patient writes and use computer for additional 15 minutes with application of Voltaren gel and able to complete required work duties. The patient was also prescribed ibuprofen containing Duexis with documented improvement. There is no documentation of intolerance to oral NSAIDs. Topical Voltaren is not a first-line treatment, therefore, is not medically necessary.

Ibuprofen 400mg # 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70,71,72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72 of 127.

Decision rationale: Regarding the request for Motrin (ibuprofen), Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. A progress note on October 13, 2014 indicated because Duexis was denied, the provider has switched patient to ibuprofen 400 mg twice daily. Oral NSAIDs are first line treatment of pain and inflammation discontinuation may worsen the patient's pain level. As previous ibuprofen use with Duexis has helped patient improved her work functions, and manage her pain. It is recommended the patient to continue use ibuprofen. Therefore this request is medically necessary.