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| Case Number: | CM14-0217935 | | |
| Date Assigned: | 01/07/2015 | Date of Injury: | 03/02/2008 |
| Decision Date: | 03/03/2015 | UR Denial Date: | 12/23/2014 |
| Priority: | Standard | Application Received: | 12/29/2014 |

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: Ohio, North Carolina, Virginia
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 56 year old female with a work related right shoulder injury dated 03/02/2008 while working as a housekeeper. According to a primary physician's progress report dated 12/17/2014, the injured worker presented with complaints of continued pain in the right shoulder, especially with overhead activity. Diagnoses included myofascial pain syndrome, right upper extremity repetitive strain injury, cervical spine strain, right rotator cuff syndrome, and medial epicondylitis. Treatments have consisted of injections and medications. Diagnostic testing included negative urine drug screens dated 04/16/2014, 07/16/2014, and 12/17/2014. Work status is noted as currently not working. On 12/23/2014, Utilization Review non-certified the request for Omeprazole 20mg, 1 po (by mouth) QD (every day) #100, dispensed 12/17/2014, Voltaren XR (Diclofenac Sod ER) 100mg, 1 tab po QD #100, dispensed 12/17/2014, Menthoderm Gel 120g prn (as needed) x 4 bottles, dispensed 12/17/2014, TENS (Transcutaneous Electrical Nerve Stimulation) Pads x 2, dispensed 12/17/2014, and Urine Screen, DOS: 12/17/2014 citing California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines. The Utilization Review physician stated that medical documentation provided for review does not describe current gastrointestinal symptoms or treatment rendered thus far for gastrointestinal symptoms such as dietary modification, documentation does not describe significant risk factors for gastrointestinal events to warrant prophylaxis, and is not on over the age of 65 and not on multiple/high does non-steroidal anti-inflammatory drugs regarding the Omeprazole. In regards to the Voltaren, it is available in generic (diclofenac), documentation does not identify significant pain relief or

objectified functional benefit as a result of non-steroidal anti-inflammatory drug use, and given the date of injury in 2008, ongoing chronic non-steroidal anti-inflammatory drug use would not be supported. Regarding the Mentherm gel the medical records provided do not document a failure of trials of oral adjuvant analgesics such as antidepressants or anticonvulsants. In regards to the TENS pads, documentation does not describe pain relief or functional benefit as a result of the use of this unit which would be required to support medical necessity of ongoing supplies. Regarding the urine screen, the injured worker is not being prescribed narcotic medications that would require frequent monitoring. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Retro) DOS 12/17/14 Omeprazole 20mg # 100: Overturned

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

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

Decision rationale: The treating physician offers in his rebuttal that the injured worker has a history of gastritis. The cited guidelines state that for dyspepsia related to NSAID use either the NSAID should be discontinued or switched, or an H2 antagonist or a proton pump inhibitor should be added. In this instance, omeprazole has been added to NSAID therapy in a patient with a history of gastritis. Therefore, Omeprazole 20mg # 100 is medically necessary.

(Retro) DOS 12/17/14 Voltaren XR (Diclofenac Sod ER) 100mg # 100: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Workers Compensation Drug Formulary.

Decision rationale: Diclofenac is not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%. For a patient who has a 5% to 10% risk of having a heart attack, that is a significant increase in absolute risk, particularly if there are other drugs that don't seem to have that risk. For people at very low risk, it may be an option. In his rebuttal, the treating physician makes a case that the diclofenac has reduced the injured worker's pain and inflammation. He does not state that other NSAIDs have been used unsuccessfully in the past. Diclofenac and specifically Voltaren XR is an 'N' drug on the workers compensation formulary. The treating physician does not state why a 'Y' NSAID

would be inappropriate. Therefore, Voltaren XR (Diclofenac Sod ER) 100mg # 100 is not medically necessary.

(Retro) DOS 12/17/14 Mentherm Gel 120gm x 4 bottles: Upheld

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

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

Decision rationale: There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. For neuropathic pain topical NSAIDs are not recommended as there is no evidence to support use. Mentherm contains the NSAID methyl salicylate and menthol. In his rebuttal, the treating physician states that the use of Mentherm is justified as the injured worker has had inadequate relief of lower extremity radicular symptoms because higher doses of gabapentin have not been tolerated. Yet, the cited guidelines are quite clear that topical NSAIDs are not indicated for neuropathic pain.

(Retro)DOS 12/17/14 TENS pads x 2: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints,Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 115.

Decision rationale: There has been a recent meta-analysis published that came to a conclusion that there was a significant decrease in pain when electrical nerve stimulation (ENS) of most types was applied to any anatomic location of chronic musculoskeletal pain (back, knee, hip, neck) for any length of treatment. Of the 38 studies used in the analysis, 35 favored ENS over placebo. All locations of pain were included based on the rationale that mechanism, rather than anatomic location of pain, is likely to be a critical factor for therapy. The overall design of this study used questionable methodology and the results require further evaluation before application to specific clinical practice. In his appeal letter, the treating physician states that the injured worker had her TENS unit trial years ago and continues to benefit from the therapy. It would be unreasonable to expect that supporting documentation from years ago be included for review. Therefore, TENS pads x 2 are medically necessary.

(Retro) DOS 12/17/14 Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute , LLC; Corpus Christi, TX: Section:Pain (Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Pain (Chronic)

Decision rationale: Per the Official Disability Guidelines, urine drug testing is indicated: At the onset of treatment: (1) UDT is recommended at the onset of treatment of a new patient who is already receiving a controlled substance or when chronic opioid management is considered. Urine drug testing is not generally recommended in acute treatment settings (i.e. when opioids are required for nociceptive pain). (2) In cases in which the patient asks for a specific drug. This is particularly the case if this drug has high abuse potential, the patient refuses other drug treatment and/or changes in scheduled drugs, or refuses generic drug substitution. (3) If the patient has a positive or at risk addiction screen on evaluation. This may also include evidence of a history of comorbid psychiatric disorder such as depression, anxiety, bipolar disorder, and/or personality disorder.