

Case Number:	CM15-0013617		
Date Assigned:	02/13/2015	Date of Injury:	11/07/2007
Decision Date:	03/26/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/23/2015

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 & Rehabilitation

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 64 year old male, who sustained an industrial injury on 11/07/2007. He has reported a motor lifting injury to the left shoulder. Diagnoses include left rotator cuff tear, status post left rotator cuff repair, re-tear of left rotator cuff, and cervical degenerative disc disease with left radiculopathy. Treatment to date has included magnetic resonance imaging of the left upper extremity, above listed surgical procedure, medication regimen, home exercise program, physical therapy, and cortisone injection. In a progress note dated 11/21/2014 the treating provider reports ongoing left neck, shoulder, and elbow complaints along with numbness to the fourth and fifth digits. The treating physician requested Voltaren gel for topical analgesia and requested Prilosec to avoid nonsteroidal anti-inflammatory drug (NSAID) induced gastropathies. On 01/13/2015 Utilization Review non-certified the prospective requests for a prescription of Voltaren gel 1% with a quantity of 100gm for 2 refills between 11/21/2014 and 04/06/2015 and an unknown prescription of Prilosec between 11/21/2014 and 03/07/2015, noting the California, Chronic Pain Medical Treatment Guidelines (May 2009): Topical NSAIDS; and NSAIDS, GI Symptoms & Cardiovascular Risk.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1%, quantity: 100gm with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113.

Decision rationale: Per Guidelines, Voltaren Topical Gel may be recommended as an option in the treatment of osteoarthritis of the joints (elbow, ankle, knee, etc..) for the acute first few weeks; however, it not recommended for long-term use beyond the initial few weeks of treatment for this chronic injury. Submitted reports show no significant documented pain relief or functional improvement from treatment already rendered from this topical NSAID. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. Recent report noted chronic pain symptoms with unchanged activity level. Clinical exam is without acute changes or report of flare-up for this chronic injury. The Voltaren gel 1%,quantity: 100gm with 2 refills is not medically necessary and appropriate.

Prilosec: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) GI (Gastrointestina.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk, Pages 68-69.

Decision rationale: Prilosec (Omeprazole) medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The Prilosec is not medically necessary and appropriate.