

Case Number:	CM15-0117923		
Date Assigned:	06/26/2015	Date of Injury:	09/25/2006
Decision Date:	07/27/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/18/2015

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: Arizona, California
 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:

The injured worker is a 63 year old female, who sustained an industrial/work injury on 9/25/06. She reported initial complaints of neck pain with radiation down both upper extremities with numbness, tingling, and headaches. The injured worker was diagnosed as having cervical radiculitis, left knee pain, bilateral shoulder pain, myositis/myalgia, depression, insomnia, complex regional pain syndrome of left lower extremity, chronic pain, right cubital tunnel syndrome, and bilateral shoulder derangement. Treatment to date has included medication, suprascapular nerve block, transcutaneous electrical nerve stimulation (TENS) unit, acupuncture, and therapy. MRI results were reported on 8/30/11, 8/20/13, and 9/11/14. Electromyography and nerve conduction velocity test (EMG/NCV) was performed on 9/8/11. Currently, the injured worker complains of neck pain, low back pain, upper extremity pain, lower extremity pain and insomnia. Pain is rated 8/10 with medication and 10/10 without medication. A cane is used to ambulate. Per the primary physician's progress report (PR-2) on 3/30/15, examination noted cervical spinal vertebral tenderness at C4-7, lumbar tenderness at L4-S1 levels, moderately limited range of motion secondary to pain; upper extremity exam notes tenderness at bilateral rotator cuffs and acromioclavicular joints with decreased range of motion to both shoulders that is decreased 90 degrees due to pain. Current plan of care included home exercise program and medication. The requested treatments include Voltaren 1% gel and Aciphex DR 20mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 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): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Voltaren gel is a topical analgesic. It is 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. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant had been on the gel for several months without the above diagnoses. There are diminishing effects after 2 weeks. The Voltaren gel is not medically necessary.

Aciphex DR 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) GI (Gastrointestinal) Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and PPI Page(s): 68.

Decision rationale: According to the MTUS guidelines, Aciphex is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. In addition, the claimant's asthma worsens with NSAIDs but the claimant was still provided an IM injection of Toradol. The NSAID was not indicated and can potentiate GI symptoms. Therefore, the continued use of Aciphex is not medically necessary.