

Case Number:	CM15-0123187		
Date Assigned:	07/07/2015	Date of Injury:	07/05/2011
Decision Date:	08/04/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	06/25/2015

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: Emergency Medicine

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 49 year old female, who sustained an industrial injury on 7/05/2011. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include cervical disc degeneration, brachial neuritis or radiculitis, cervicgia, carpal tunnel syndrome, gastroesophageal reflux disease (GERD), and chronic pain syndrome. Treatments to date include activity modification, anti-inflammatory, narcotic and topical compound cream, and TENS unit. Currently, she complained of neck pain with radiation to bilateral upper extremities. Pain was rated 7/10 VAS. On 6/11/15, the physical examination documented cervical tenderness and muscle spasms. Facet loading pain and facet tenderness was noted. The plan of care included Diclofenac 100mg tablets, two tablets twice a day #120; Protonix 20mg tablets, one tablet twice a day #60; Topical Compound Cream (Flurbiprofen 20%/ Lidocaine 5%) apply thin layer five times a day #300 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 100mg #120 2 tablets BID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67, 71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The requested Diclofenac 100mg #120 2 tablets BID, is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The injured worker has neck pain with radiation to bilateral upper extremities. Pain was rated 7/10 VAS. On 6/11/15, the physical examination documented cervical tenderness and muscle spasms. Facet loading pain and facet tenderness was noted. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Diclofenac 100mg #120 2 tablets BID is not medically necessary.

Protonix 20mg #60 one tablet BID: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain chapter, proton pump inhibitors.

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

Decision rationale: The requested Protonix 20mg #60 one tablet BID, is medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low- dose ASA)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors." The injured worker has neck pain with radiation to bilateral upper extremities. Pain was rated 7/10 VAS. On 6/11/15, the physical examination documented cervical tenderness and muscle spasms. Facet loading pain and facet tenderness was noted. The treating physician has documented a history of medication-induced GERD symptoms. The criteria noted above having been met, Protonix 20mg #60 one tablet BID is medically necessary.

Compound cream (Flurbiprofen 20%, Lidocaine 5% 300 gram, apply thin layer 5 times daily): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: The requested Compound cream (Flurbiprofen 20%, Lidocaine 5% 300 gram, apply thin layer 5 times daily), is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants." The injured worker has neck pain with radiation to bilateral upper extremities. Pain was rated 7/10 VAS. On 6/11/15, the physical examination documented cervical tenderness and muscle spasms. Facet loading pain and facet tenderness was noted. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Compound cream (Flurbiprofen 20%, Lidocaine 5% 300 gram, apply thin layer 5 times daily) is not medically necessary.