

Case Number:	CM15-0129188		
Date Assigned:	07/15/2015	Date of Injury:	10/04/2013
Decision Date:	08/13/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/02/2015

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, 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, who sustained an industrial injury on 10/04/2013. She has reported injury to the neck, left shoulder, and right wrist and thumb. The diagnoses have included cervical spine sprain/strain, rule out C6-7 and C7-8 radiculopathy; left shoulder sprain/strain; right shoulder sprain/strain; right elbow medial epicondylitis; right wrist sprain/strain and DeQuervain's tenosynovitis; and right greater than left carpometacarpal pain, severe osteoarthritis carpometacarpal joint. Treatment to date has included medications, diagnostics, injections, acupuncture, physical therapy, and home exercise program. Medications have included Voltaren ER, Zanaflex, and Prilosec. A progress note from the treating physician, dated 05/15/2015, documented a follow-up visit with the injured worker. The injured worker reported the cervical spine, right shoulder, and right elbow are improving; she has constant left shoulder pain; pain is rated at 2-3/10; she has difficulty with overhead reaching; she has had greater than 24 physical therapy sessions, 8 acupuncture sessions, and trigger point injections with mild benefit; she has right wrist pain rated at 3/10 on the pain scale, with sharp pain near the base of the thumb; she has difficulty with grasping and gripping; she has tried physical therapy, acupuncture and 2 cortisone injections with mild benefit; and the medications are helpful. Objective findings included right first carpometacarpal joint tenderness; guarding of the left upper extremity; and decreased range of motion of the left shoulder. The treatment plan has included the request for Voltaren ER 100mg quantity: 60; Prilosec 20mg quantity: 60; and Zanaflex 4mg quantity: 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren ER 100mg Qty: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

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

Decision rationale: Regarding the request for Voltaren ER, 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. Within the documentation available for review, there is no indication that the medication is providing any specific analgesic benefits (in terms of percent pain reduction or reduction in numeric rating scale) or any objective functional improvement. In the absence of such documentation, the currently requested Voltaren ER is not medically necessary.

Prilosec 20mg Qty: 60.00: Upheld

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

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

Decision rationale: Regarding the request for omeprazole (Prilosec), 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. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to current NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. Furthermore, the NSAIDs were determined to be not medically necessary. In light of the above issues, the currently requested omeprazole (Prilosec) is not medically necessary.

Zanaflex 4mg Qty: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex, generic available) Page(s): 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66 of 127.

Decision rationale: Regarding the request for Zanaflex, Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line

option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the medication. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Zanaflex is not medically necessary.