MAXIMUS Federal Services

Case Number:	CM15-0149090		
Date Assigned:	08/12/2015	Date of Injury:	01/06/1994
Decision Date:	10/05/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/31/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 58-year-old who has filed a claim for chronic neck pain reportedly associated with an industrial injury of January 6, 1994. In a Utilization Review report dated July 14, 2015, the claims administrator failed to approve requests for Naprosyn, Prilosec, and Voltaren gel. The claims administrator did not state which guideline its decision was based upon, it was incidentally noted. A June 19, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On said RFA form of June 25, 2015, manipulative therapy, Naprosyn, Prilosec, and Voltaren gel were endorsed. In an associated progress note of June 19, 2015, the applicant reported 3/10 neck and shoulder pain. The applicant was using a home TENS unit with some relief and stated that over-the-counter Aleve was proving beneficial. Permanent work restrictions, Naprosyn, Prilosec, and topical Voltaren gel were endorsed. The applicant exhibited diagnoses of chronic neck pain and myofascial pain syndrome. In an earlier Doctor's First Report (DFR) dated April 15, 2015, the applicant reported multifocal complaints of neck, shoulder, hand, and wrist pain. Electro diagnostic testing, MRI imaging of the neck, and MRI imaging of bilateral shoulders were all endorsed on this date. Physical therapy was also sought. Topical compounds and Celebrex were endorsed on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 500mg Qty: 60.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: No, the request for oral Naprosyn, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider incorporate some discussion of applicant-specific variables such as "other medications" into its choice of pharmacotherapy. Here, portions of the attending provider's June 19, 2015 progress note stated that the applicant was using over-the-counter Aleve for pain relief. Toward the bottom of the note, the attending provider stated that he was giving the applicant a prescription of Naprosyn. It was not clear whether the attending provider intended for the applicant to cease consumption of over-the- counter Aleve or whether he intended for the applicant to use the two separate NSAIDs in conjunction with each other. On an earlier progress note of April 15, 2015, the applicant was given a prescription for Celebrex. Once again, the attending provider's June 19, 2015 progress note did not clearly state whether Naprosyn was being prescribed in addition to previously prescribed Celebrex or was intended to replace previously provided Celebrex. The attending provider's documentation did not, in short, furnish a clear or compelling rationale for concomitant usage of so many different NSAIDs. Therefore, the request was not medically necessary.

Omeprazole 20mg Qty: 30: 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 & cardiovascular risk Page(s): 68.

Decision rationale: Conversely, the request for Omeprazole, a proton pump inhibitor, was medically necessary, medically appropriate, and indicated here. As noted on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants who are at heightened risk for development of adverse gastrointestinal events who, by implication, qualify for prophylactic usage of proton pump inhibitors include those individuals who are using multiple NSAIDs. Here, the documentation on file did suggest that the applicant was given many different anti-inflammatory medications in close temporal proximity of each other, including Celebrex and Naprosyn. Concomitant provision of Omeprazole for cytoprotective effect was, thus, indicated. Therefore, the request was medically necessary.

Voltaren gel 1% 100gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel 1% (diclofenac) Page(s): 112.

Decision rationale: Finally, the request for Voltaren gel was not medically necessary, medically appropriate, or indicated here. Page 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical Voltaren has not been evaluated for the treatment of spine, hip, and shoulder pain. Here, the applicant's primary pain generator was, in fact, the cervical spine, i.e., a body part for which topical Voltaren has not been evaluated. Therefore, the request was not medically necessary.