

Case Number:	CM15-0172240		
Date Assigned:	09/09/2015	Date of Injury:	07/02/2013
Decision Date:	10/27/2015	UR Denial Date:	08/08/2015
Priority:	Standard	Application Received:	09/01/2015

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, Michigan

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 injured worker is a 52 year old male, who sustained an industrial injury on 7-2-13. The injured worker was diagnosed as having cervicgia, cervical radiculopathy, lumbar radiculopathy, lumbar facet dysfunction, sacroiliac joint dysfunction, anxiety, depression, shoulder pain with bursitis, tendonitis and impingement, hip degenerative joint disease and carpal tunnel syndrome. Treatment to date has included physical therapy, oral medications including omeprazole 20mg, Elavil 10mg and Tramadol 50mg; topical Voltaren gel, chiropractic therapy, home exercise program and activity restrictions. X-rays of bilateral shoulders performed on 4-7-15 noted negative right shoulder and left shoulder calcific tendinopathy. The provider noted (MRI) magnetic resonance imaging of thoracic spine dated 1-8-15 revealed disc protrusion at T6-7 and T8-9 and (MRI) magnetic resonance imaging of cervical spine performed on 1-8-15 revealed mild degenerative changes present throughout the cervical spine with mild narrowing of the right neural foramen at C5-6 and C6-7. Reports of (MRI) magnetic resonance imaging or X-rays were not submitted for review. On 6-15-15 he reported increased pain in left shoulder blade and neck and low back is also more bothersome; he notes unstable walking and pain level rated 8 out of 10 with medications and 10 out of 10 without medications. Currently on 7-13-15, the injured worker complains of dull and achy sensation in the left shoulder rated 7 out of 10 without medications and 6 out of 10 with medications. He notes medications are helping the pain and he is not sleeping well. Work status is noted to be temporarily totally disabled. Work status is not documented. Physical exam performed on 6-15-15 and 7-13-15 revealed positive facet loading and Spurling's tests, decreased sensation to light touch in bilateral hands,

weakness in bilateral grip, right triceps and left hip flexion with tenderness to palpation over the cervical paraspinal musculature, upper trapezius, scapular border, lumbar paraspinal musculature, sacroiliac joint region and left bicipital tendon. Requests for authorization were submitted on 7-13-15 for Voltaren Gel #5 tubes, Ibuprofen 800mg #90, Omeprazole 20mg, #30, random urine drug testing and chiropractic therapy 2 times a week for 6 weeks. On 8-8-15, utilization review non-certified the request for Ibuprofen 800mg due to the injured worker having a history of gastritis; non-certified the request for 12 chiropractic treatments noting there is no documentation of previous objective measurable therapeutic benefit from prior therapy and it is unclear how many previous sessions the injured worker has received; non-certified the request for Omeprazole due to the NSAID previously prescribed is no longer supported and non-certified the request for Voltaren 1% gel noting there is no indication the injured had measurable objective therapeutic benefit from the medication and it is not recommended for the treatment of spine and shoulder conditions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1 percent gel #5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. A review of the injured workers medical records that are available to me does not show a trial of recommended first line agents that have failed, without this information it is not possible to establish medical necessity, therefore the request for Voltaren 1 percent gel #5 is not medically necessary.

Omeprazole 20mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Per the MTUS, Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors according to specific criteria listed in the MTUS and a selection should be made based on these criteria 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). Per the ODG, PPI's are "Recommended for patients at risk for gastrointestinal events. Prilosec (omeprazole), Prevacid (lansoprazole) and Nexium (esomeprazole magnesium) are PPIs. Healing doses of PPIs are more effective than all other therapies, although there is an increase in overall adverse effects compared to placebo. Nexium and Prilosec are very similar molecules. (Donnellan, 2010) In this RCT omeprazole provided a statistically significantly greater acid control than lansoprazole. (Miner, 2010) In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. Studies suggest, however, that nearly half of all PPI prescriptions are used for unapproved indications or no indications at all. Many prescribers believe that this class of drugs is innocuous, but much information is available to demonstrate otherwise. Products in this drug class have demonstrated equivalent clinical efficacy and safety at comparable doses, including esomeprazole (Nexium), lansoprazole (Prevacid), omeprazole (Prilosec), pantoprazole (Protonix), dexlansoprazole (Dexilant), and rabeprazole (Aciphex). (Shi, 2008) A trial of omeprazole or lansoprazole had been recommended before prescription Nexium therapy (before it went OTC). The other PPIs, Protonix, Dexilant, and Aciphex, should be second-line. According to the latest AHRQ Comparative Effectiveness Research, all of the commercially available PPIs appeared to be similarly effective. (AHRQ, 2011)" A review of the injured workers medical records reveal documentation of gastritis and stomach upset with the use of NSAIDS, the continued use of omeprazole is warranted, therefore the request for Omeprazole 20mg #30 is medically necessary.

Twelve (12) chiropractic visits, twice a week for 6 weeks for lumbar spine and bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: Per the MTUS, Chiropractic care is "recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Low back: Recommended as an option. Therapeutic care- Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care- Not medically necessary. Recurrences/flare-ups-Need to reevaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Unfortunately the request is for multiple body parts which may have different guideline recommendations, also the quantity requested exceeds guideline recommendations and it is not clear if this injured worker has had chiropractic care in the past, if he has, how many sessions and if he obtained pain and functional improvements with this therapy. Therefore the

request for Twelve (12) chiropractic visits, twice a week for 6 weeks for lumbar spine and bilateral shoulders is not medically necessary.

Ibuprofen 800mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Per the MTUS, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxyn being the safest drug). There is no evidence of long-term effectiveness for pain or function. A review of the injured workers medical records reveal that the injured worker is experiencing improvement in his symptoms with the use of ibuprofen, the continued use is appropriate, therefore the request for Ibuprofen 800mg #90 is medically necessary.