

Case Number:	CM15-0124691		
Date Assigned:	07/09/2015	Date of Injury:	12/02/2004
Decision Date:	10/19/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/29/2015

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, 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:

This is an 86 year old male patient, who sustained an industrial injury on 12-2-2004. The diagnoses include cervical stenosis C5 through C7, cervical radiculopathy, right shoulder impingement syndrome, status post right ulnar nerve decompression, status post right carpal tunnel release, recurrent right carpal tunnel syndrome, left carpal tunnel syndrome, bilateral cubital tunnel syndrome, and lumbar scoliosis. According to the progress report dated 3-3-2015, he had complains of neck pain and stiffness with radiation into his upper extremities; low back pain. He noted functional improvement and pain relief with the medication, indicating his symptoms are manageable. The physical examination of the cervical spine revealed forward flexion is within 1 fingerbreadths of chin to chest, extension to 10 degrees, and lateral rotation to 60 degrees bilaterally. Examination of the right shoulder revealed full range of motion, intact strength, and mildly positive impingement sign. Examination of the hands-wrists revealed decreased sensation to pinprick over the volar aspect of the thumb, index, middle, ring, and small fingers bilaterally, positive Tinel's sign over the bilateral cubital tunnels and positive Phalen's test bilaterally. The medications list includes Tylenol #3, Prilosec, and Voltaren. There is documentation of ongoing treatment with Tylenol #3 since at least 12-16-2014. He has undergone right ulnar nerve decompression and right carpal tunnel release. Treatment to date has included medication management. The original utilization review (6-4-2015) had non-certified a request for Prilosec, Voltaren, and Tylenol #3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg 1 everyday #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Prilosec contains omeprazole, which is a proton pump inhibitor. Per the CA MTUS NSAIDs guidelines cited above, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events. Patients at high risk for gastrointestinal events. Treatment of dyspepsia secondary to NSAID therapy." Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when "(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)." There is no evidence in the records provided that the patient has any abdominal/gastric symptoms with the use of NSAIDs. The records provided do not specify any objective evidence of gastrointestinal disorders, gastrointestinal bleeding or peptic ulcer. Prilosec 20mg 1 everyday #30 with 2 refills is not medically necessary for this patient.

Voltaren 75mg 1 two (2) times per day, #60 with 2 refills: 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): Anti-inflammatory medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 10/05/15) Anti-inflammatory medications Diclofenac.

Decision rationale: Diclofenac is an NSAID. According to the cited guidelines "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. (Van Tulder-Cochrane, 2000)" Patient had chronic neck and low back pain. Therefore, use of NSAIDs is medically appropriate and necessary. However, per the cited guidelines "A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%. For a patient who has a 5% to 10% risk of having a heart attack, that is a significant increase in absolute risk, particularly if there are other drugs that don't seem to have that risk." The response and failure of other NSAIDs like naproxen and ibuprofen (with full therapeutic doses) is not specified in the records provided. Voltaren

75mg 1 two (2) times per day, #60 with 2 refills is not medically necessary as a first line NSAID due to its risk profile.

Tylenol #3 300/30mg 1 tablet two (2) times per day, #60 with 2 refills: 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): Opioids (Classification), Opioids, criteria for use.

Decision rationale: Tylenol #3 contains codeine and acetaminophen. Codeine is an opioid analgesic. According to CA MTUS guidelines cited below, "Opioid analgesics are a class of drugs (e.g., morphine, codeine, and methadone) that have a primary indication to relieve symptoms related to pain. Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics that may be used to manage chronic pain." Patient had neck pain and stiffness with radiation into his upper extremities; low back pain. The patient has objective findings on the physical examination, the cervical spine-forward flexion is within 1 fingerbreadths of chin to chest, extension to 10 degrees, and lateral rotation to 60 degrees bilaterally; the right shoulder-positive impingement sign; the hands-wrists-decreased sensation to pinprick over the volar aspect of the thumb, index, middle, ring, and small fingers bilaterally, positive Tinel's sign over the bilateral cubital tunnels and positive Phalen's test bilaterally. He has undergone right ulnar nerve decompression and right carpal tunnel release. There was objective evidence of conditions that can cause chronic pain with episodic exacerbations. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." Patient noted functional improvement and pain relief with the medication, indicating his symptoms are manageable. Therefore, based on the clinical information obtained for this review the request for Tylenol #3 300/30mg 1 tablet two (2) times per day, #60 with 2 refills is deemed medically necessary and necessary for this patient at this time for prn use.