

<b>Case Number:</b>	CM13-0017419		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	06/22/1999
<b>Decision Date:</b>	06/13/2014	<b>UR Denial Date:</b>	08/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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 physician 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/services.

### 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 a male patient with a date of injury of June 22, 1999. A progress report dated May 21, 2013 includes subjective complaints of an acute flare-up of his low back pain. He reports an increase in his activities of daily living and sleep with medication usage. Objective examination findings include tenderness in the lumbar musculature. Mild muscle spasms are present to palpation. Lumbar range of motion is restricted in flexion 50/60° an extension 15/25° with pain at and arranges. Straight leg raise elicited low back pain; however no neural sheath irritation was present. Lower extremity deep tendon reflexes are 2+. Diagnoses include lumbar disc syndrome, lumbar radiculitis right, and dyspepsia/gastritis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 Diclofenac Sodium ER 100mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-69.

**Decision rationale:** The 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 are no recent progress reports indicating that Diclofenac is providing any specific analgesic benefits (in terms of the percent of pain

reduction, or reduction in numeric rating scale), or any specific objective functional improvement. Additionally, there is no documentation regarding side effects from this medication. In the absence of such documentation, the currently requested Diclofenac is not medically necessary.

**30 Nexium 40mg with three 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 Treatment Guidelines Page(s): 68-69.

**Decision rationale:** The 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 are no recent subjective complaints indicating that the patient has complaints of dyspepsia secondary to NSAID use, no documentation of a risk for gastrointestinal events with NSAID use, or another indication for this medication. It is unclear whether the patient is taking an NSAID medication on a daily basis, and unfortunately the medical necessity of the currently requested NSAID has not been documented. In light of the above issues, the currently requested Nexium is not medically necessary.