

<b>Case Number:</b>	CM13-0031963		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	07/12/2007
<b>Decision Date:</b>	03/17/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/11/2013

### 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 Orthopedic Surgery and is licensed to practice in Texas. 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 63-year-old female who reported injury on 07/12/2007. The mechanism of injury was noted to be a cumulative trauma. The patient was noted to have an EGD on 08/12/2013 which revealed diffuse erosive gastritis in the distal gastric antrum and the prepyloric region. The patient was noted to have mild duodenitis in the duodenal bulb. The recommendation included the patient may benefit from increasing the PPI therapy to twice a day. It was indicated the patient would be prescribed Diclofenac XR for anti-inflammatory qualities, Tramadol for chronic pain and omeprazole daily for gastritis prophylactically. The patient's diagnosis was noted to be gastroesophageal reflux disease secondary to NSAIDs and stress. The patient was noted to be prescribed Dexilant #30 60 mg daily on 10/11/2013. The request was made for Diclofenac XR and Omeprazole.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac XR 100mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

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

**Decision rationale:** The California MTUS Guidelines indicate that NSAIDs are appropriate treatment for osteoarthritis and acute exacerbations of chronic pain. They are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain and in particular for those with gastrointestinal, cardiovascular or renovascular factors. The clinical documentation submitted for review indicated the patient had a diagnosis of gastroesophageal reflux and had hypertension. The California MTUS Guidelines indicate that for patients with cardiovascular disease a nonpharmacologic choice should be the first option in patients with cardiac risk factors with include acetaminophen or aspirin for short term needs. There was a lack of documentation indicating the patient failed or could not take acetaminophen. There was lack of documentation indicating the quantity of medication being requested. The clinical documentation submitted for review failed to document exceptional factors to warrant use of the medication. Given the above, the request for Diclofenac XR 100 mg is not medically necessary.

**Omeprazole 20mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68.

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

**Decision rationale:** The California MTUS recommends PPI's for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the patient had an EGD which revealed they had gastroesophageal reflux disease. It was indicated the patient may benefit from increasing the PPI therapy to twice a day on 08/12/2013. The patient's physical examination on 08/23/2013 requested Omeprazole to be treated once a day. There was a subsequent request on 10/11/2013 for the patient to have Dexilant, which is second in line after Omeprazole for treatment of gastroesophageal reflux. The request as submitted failed to indicate the quantity of Omeprazole being requested. There was a lack of documentation indicating the necessity for both Omeprazole 20 mg and Dexilant. Given the above, the request for Omeprazole 20 mg is not medically necessary.