

<b>Case Number:</b>	CM13-0044119		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/14/2012
<b>Decision Date:</b>	03/26/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2013

### 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 & Rehabilitation, has a subspecialty in Pain Medicine, 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. 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 injured worker is a 56-year-old male who was originally injured on June 14, 2012. The injured worker was employed as a maintenance worker and she sustained an injury to the head and neck region. The patient has undergone conservative therapy consisting of acupuncture, pain medications, activity restrictions, and physical modalities. The disputed issues are a request for diclofenac and omeprazole. The utilization review determination had noncertified the request for a proton pump inhibitor because there was no documentation of gastrointestinal risk factors. The diclofenac was recommended for noncertification because first-line NSAIDs were not utilized. The guideline cited was from an update to the Official Disability Guidelines which specified that diclofenac is not recommended as first-line due to increased cardiovascular risk profile.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20 mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section NSAIDs and PPIs Page(s): 68-69.

**Decision rationale:** In the case of this injured worker, there is no documentation of any gastrointestinal risk factors which would warrant the use of a proton pump inhibitor. The employee's age is less than 65, and there is no documentation of previous peptic ulcer or gastrointestinal bleed. The mere usage of a nonselective NSAID is not an indication for the addition of a proton pump inhibitor. The progress note from date of service October 22, 2013 indicates that the rationale for the omeprazole is for gastritis prophylaxis. There is another progress note on date of service November 22, 2013 which documents upset stomach and acid reflux from medications. But this same progress note also specifies that "the patient is not currently taking medications." Furthermore, it is not clear which medication resulted in the upset stomach, and this contradictory statement of the employee not taking any medications should be clarified. Given that the criteria for proton pump inhibitor use as specified by the Chronic Pain Medical Treatment Medical Guidelines are not met, this request is recommended for non-certification.

**Diclofenac XR 100 mg:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Diclofenac Page(s): 71.

**Decision rationale:** In the case of this injured worker, there is documentation of long-term NSAID use. Guidelines suggest for short-term NSAID use, but this employee has tried numerous conservative therapies which have not helped resolve the chronic pain condition. Therefore continued use of NSAIDs are appropriate, provided that there is ongoing monitoring for gastrointestinal, renal, and cardiac side effects. The utilization reviewer had cited the Official Disability Guidelines in stating diclofenac is not a first line medication. However, the MTUS Guidelines take precedence over this guideline, and these guidelines indicate that there is no evidence to recommend one drug in this class over another based on efficacy. The FDA has also not clearly recommended one non-selective NSAID over another in terms of risks, despite meta-analyses showing that diclofenac carries an increased risk of cardiac events similar to some Cox 2 inhibitors. Meanwhile, there is evidence that some NSAIDs such as naproxen may have a lower incidence of cardiovascular events. But the clinical use of diclofenac is still appropriate in many patients as the benefits outweigh the risks. Therefore, the requesting healthcare provider should be allowed to continue prescribing diclofenac (while cognizant of the possible adverse effects) in accordance with the Medical Treatment and Utilization Schedule. This request is recommended for certification.