

Case Number:	CM13-0068402		
Date Assigned:	01/03/2014	Date of Injury:	09/10/2009
Decision Date:	05/23/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/19/2013

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. The expert reviewer is Board Certified in Physical Medicine & 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 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/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 61-year-old female who reported injury on 09/10/2009. The specific mechanism of injury was not provided. The documentation of 08/22/2013 revealed the injured worker underwent a urine drug screen that was appropriate. The documentation of 10/17/2013 revealed the injured worker had significant pain and the medications were giving functional improvement and pain relief. Diagnoses included chronic low back pain, chronic neck pain, degenerative disc disease of the lumbar spine and cervical spine, cervical radiculopathy and radiculopathy of the right lower extremity. The treatment plan included Diclofenac XR 100 mg by mouth daily for anti-inflammatory purposes and Omeprazole 20 mg to reduce NSAID gastritis prophylaxis 30 tabs to relieve symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 20MG (RX 10/17/13) #30 TABS: Upheld

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

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

Decision rationale: California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The duration of usage could not be established through submitted documentation. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documented efficacy of the requested medication. The clinical documentation submitted for review indicated it was for gastroprotection. The request was concurrently being reviewed with an NSAID, which was found not to be medically necessary. As such, there would be no necessity for the requested medication. Given the above, the request for Omeprazole 20 mg (Rx 10/17/2013) #30 tabs is not medically necessary.

DICLOFENAC XR 100MG (RX 10/17/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nsaid Page(s): 67.

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

Decision rationale: California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed....Topical NSAIDS have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. The indications for the use of topical NSAIDS are osteoarthritis and tendinitis of the knee and other joints that can be treated topically. They are recommended for short term use of 4-12 weeks. There is little evidence indicating effectiveness for treatment of osteoarthritis of the spine, hip or shoulder. California MTUS Guidelines recommend NSAIDS for the short term symptomatic relief of low back pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had been utilizing NSAIDS since 06/2013. There was a lack of documentation of objective functional improvement and an objective decrease in pain. The request as submitted failed to indicate the quantity of medication being requested as well as the frequency. Given the above, the request for Diclofenac XR 100 mg (Rx 10/17/2013) is not medically necessary.