

Case Number:	CM14-0106798		
Date Assigned:	07/30/2014	Date of Injury:	09/22/2010
Decision Date:	10/30/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/10/2014

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 and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 43 year old female with a work injury dated 9/22/10. The diagnoses include lumbar spine: injury; status post anterior posterior surgery with revision; painful hardware; lower extremity radiculitis; myofasciitis; sacroiliitis; postlaminectomy syndrome. Under consideration is a request for Diclofenac 50 mg (quantity not specified) and Nexium 40mg (quantity not specified). There is a primary treating physician report dated 5/21/14 that states that the patient has a history of severe low back, buttock, and leg pain, and a complex spinal history. She is followed for chronic pain management on medications as well. She underwent a removal procedure. Her pain has decreased since the removal of her hardware. She is here today for a medication refill. Evaluation of her lumbar spine showed normal alignment with well-healed surgical spine. There is pain to palpation from the high lumbar area down to the sacrum with significant pain in the right iliac area, There is a positive straight leg raise on the right. There is shooting, radicular pain in her right leg with manipulation and hypersensitivity with light touch. There is no obvious motor deficit. Sensory is diffusely decreased in the lateral calf on the right. Deep tendon reflexes are equal bilaterally, and she has an antalgic gait.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nexium 40mg (quantity not specified): 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: Nexium 40mg (quantity not specified) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. Per MTUS guidelines Nexium is not medically necessary. There is no history that patient meets MTUS criteria for a proton pump inhibitor including: (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). California Medical Treatment Utilization Schedule Chronic Pain Guidelines do not support treatment Proton Pump Inhibitor medication in the absence of symptoms or risk factors for gastrointestinal disorders. Additionally it was deemed that Diclofenac was not medically necessary. Furthermore, the request as written does not indicate a quantity. The request for Nexium 40mg (quantity not specified) is not medically necessary.

Diclofenac 50mg (quantity not specified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Back Pain - Chronic low back pain Page(s): 68.

Decision rationale: Diclofenac 50 mg (quantity not specified) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend NSAIDs as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The documentation indicates that the patient has been on long term Diclofenac without significant functional improvement. Additionally, the request does not specify a quantity. The request for Diclofenac 50mg (quantity not specified) is not medically necessary.