

Case Number:	CM14-0108029		
Date Assigned:	08/01/2014	Date of Injury:	01/13/2012
Decision Date:	10/31/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/11/2014

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 Anesthesiology, 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 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 58 year old female who was injured on 06/13/12 resulting in lumbar pain. Clinical diagnoses include low back pain, lumbar disc displacement, lumbar radiculopathy and post laminectomy syndrome, status post L4 to S1 posterior lumbar interbody fusion and retained symptomatic lumbar spine hardware. Clinical note dated 02/12/14 indicted the injured worker has some residual symptom in the lumbar spine related to the retained lumbar spine hardware, and is awaiting surgical authorization. Examination of the lumbar spine revealed tenderness at the lumbar paravertebral muscles. There is pain with terminal motion. Clinical note dated 04/02/14 indicated the injured worker complains of low back pain, described as dull, burning and intermittent. Pain radiates into the upper arm. There is also numbness in bilateral feet after prolonged sitting. The low back pain is located around the lumbar fusion area. Pain level is 3-4/10. Physical examination revealed paralumbar spasm is 2+ with tenderness to palpation bilaterally. On forward flexion the injured worker is able to reach the knees, lateral bending to the right is 0-10 degrees, and to the left is 20-30 degrees, with pain. Straight leg raise is positive at 40 degrees bilaterally. Range of motion of the spine is limited due to pain. Clinical note dated 05/28/14 indicated the injured worker complains of lumbosacral pains post hardware block but only temporary. Physical examination revealed tenderness over the lumbosacral spines with spasms and decreased range of motion. Medications include Cyclobenzaprine HCl 7.5mg, Sumatriptan succinate 25mg, Ondansetron 8mg, Omeprazole 20mg, hydrocodone/APAP 10-325mg, and Ketoprofen 75mg. The previous requests for Diclofenac sodium ER (Voltaren SR) 100mg, qty #120 was certified with modification to qty #60, no refill and Omeprazole 20mg qty # 120 was certified with modification to qty#60, no refill on 06/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium ER (Voltaren SR) 100mg quantity (qty) 120: 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): 43, 62-72.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, Diclofenac (Voltaren) is not recommended as a first line treatment due to increased risk profile. Post marketing surveillance has revealed that treatment with all oral and topical diclofenac products may increase liver dysfunction, and use has resulted in liver failure and death. The United States Federal Drug Administration advised physicians to measure transaminases periodically in patients receiving long-term therapy with diclofenac and issued warnings about the potential for elevation in liver function tests during treatment with all products containing diclofenac sodium. With the lack of data to support superiority of diclofenac over other non-steroidal anti-inflammatory drugs (NSAIDs) and the possible increased hepatic and cardiovascular risk associated with its use, alternative analgesics and/or nonpharmacological therapy should be considered. As such, the request for Diclofenac Sodium ER (Voltaren SR) 100mg (qty) 120 is not medically necessary.

Omeprazole 20mg qty 120: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), online version, Pain chapter, Proton pump inhibitors

Decision rationale: As noted in the Official Disability Guidelines, proton pump inhibitors (PPIs) are indicated for patients at intermediate and high risk for gastrointestinal (GI) events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of Acetylsalicylic Acid (ASA), corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is no indication that the patient is at risk for gastrointestinal events requiring the use of proton pump inhibitors. Furthermore, long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. As such, the request for omeprazole 20 MG (qty) 120 is not medically necessary.