

Case Number:	CM14-0132059		
Date Assigned:	08/22/2014	Date of Injury:	06/26/2013
Decision Date:	09/24/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/18/2014

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 Management 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:

Patient is a 44-year-old female with a 06/26/13 date of injury. Progress report dated 06/24/14 states that the patient presents for follow-up of her pain. She has sweaty palms, hypersensitivity and has to wear a glove. She rates her pain level at 8-9 out of 10 with no relief even with rest. Her pain worsens with use. Objective findings for cervical spine state that the appearance is normal. Normal lordosis. Negative Spurling. Motor testing is 5/5 all muscle groups of upper extremities. Positive tenderness and muscle spasms over the paracervical musculature. Neurological: Neurovascular status is intact. Range of motion of cervical spine reveals mostly normal findings. Pain with extension and lateral bend to the right and left. Lateral bend is limited at 10 degrees bilaterally. Reflexes normal. Left wrist: shiny skin, limited motion of the fingers, diffuse tenderness over the left upper extremity, positive Finkelstein's test, positive tenderness over the first dorsal compartment, motor testing is 3/5 to the upper extremities. Range of motion essentially normal. Diagnosis: Complex regional pain syndrome, type 1, left upper extremity. Cervical strain. Depression. Treatment plan section states the patient is indicated for stellate ganglion blocks to relieve her chronic intractable pain, CRPS. Medication prescriptions include diclofenac XR 100 mg, 60, 4 anti-inflammatory, omeprazole 20 mg, 60; reduce NSAID gastritis prophylaxis 30 tabs and tramadol ER 50mg every day, 60, for chronic pain relief. Patient is temporarily totally disabled. The request is for omeprazole, diclofenac XR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain ChapterODG states that proton pump inhibitors are recommended for patients at risk for gastrointestinal events. (Pain Chapter).

Decision rationale: Guidelines recommend proton pump inhibitors for patients at risk for gastrointestinal disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, which have not been reported for this patient. There are no GI complaints, and no discussion of his GI risk assessment. Therefore, the medical necessity has not been established. Therefore, Omeprazole is not medically necessary.

Diclofenac: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain ChapterDiclofenac.

Decision rationale: The patient is being prescribed a refill of diclofenac. That said, the duration of diclofenac therapy in this patient is unknown. Guidelines do not recommend it as first line NSAID and state that it should be used for the shortest period of time due to the high risk profile of this medication. In addition, there is no evidence of functional gains from diclofenac use, as the patient continues to report high levels of pain. Recommendation: Non-certify. Therefore, Diclofenac is not medically necessary.