

<b>Case Number:</b>	CM14-0151024		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	08/28/2009
<b>Decision Date:</b>	11/26/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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 Family 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:

This is a 57-year-old female patient who reported an industrial injury on 8/28/2009 attributed to the performance of her usual and customary job tasks. The patient complains of chronic neck and back pain. The neck pain is reported to radiate to the upper extremities and the lower back pain is reported to radiate to the lower extremities. The objective findings on examination included 2+ biceps triceps brachioradialis and knee reflexes; decreased sensation of pinprick and right hand on the radial and ulnar aspect compared to the left; decreased sensation of pinprick in the medial lateral calf on the left as compared to the right; cervical spine range of motion is diminished; muscle strength testing is 4/5-5/5; tenderness to palpation along C5 and C6 spinous processes; and tenderness to palpation along the bilateral paraspinal musculature at L5. The diagnosis was cervical radicular pain; lumbar radicular pain; sleep disturbance, anxiety, and depression. The treatment plan included a cervical spine MRI; L5-S1 lumbar epidural steroid injection; no other medications other than diclofenac; and referral for a functional restoration program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Diclofenac XR tablets 100mg #60, (DOS) 07/02/14 to 08/01/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & Cardiovascular Risk Page(s): 67-69 41-42, 75.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter Medications For Chronic Pain and NSAIDs

**Decision rationale:** The use of Diclofenac ER 100 mg is consistent with the currently accepted guidelines and the general practice of medicine for musculoskeletal strains and injuries; however, there is no evidence of functional improvement or benefit from this NSAID. There is no evidence that OTC NSAIDs would not be appropriate for similar use for this patient. The prescription of Diclofenac is not supported with appropriate objective evidence as opposed to the NSAIDs available OTC. The prescription of Diclofenac should be discontinued in favor of OTC NSAIDs. There is no provided evidence that the available OTC NSAIDs were ineffective for the treatment of inflammation. The prescription for Diclofenac ER 100 mg #60 is not demonstrated to be medically necessary. There is no documented functional improvement with the use of the prescribed Diclofenac ER 100 mg 5 years after the DOI.

**Retrospective Omeprazole DR 20mg #60, (DOS) 07/02/14 to 08/01/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 67-68, 41-42, 7.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Medications for Chronic Pain, NSAIDs

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines section on anti-inflammatory medications and gastrointestinal (GI) symptoms states; "Determine if the patient is at risk for gastrointestinal events." The medical records provided for review do not provide additional details in regards to the above assessment needed for this request. No indication or rationale for gastrointestinal prophylaxis is documented in the records provided. There are no demonstrated or documented GI issues attributed to non-steroidal anti-inflammatory drugs (NSAIDs) for this patient. The patient was prescribed Omeprazole routine for prophylaxis with ibuprofen. The chronic prescription of proton pump inhibitors is noted to lead to osteoporosis and decreased magnesium levels. The protection of the gastric lining from the chemical effects of NSAIDs is appropriately accomplished with the use of the proton pump inhibitors such as Omeprazole. The patient is documented to be taking Diclofenac; however, there were no documented GI risks. There is no industrial indication for the use of Omeprazole due to "stomach issues" or stomach irritation. The proton pump inhibitors provide protection from medication side effects of dyspepsia or stomach discomfort brought on by NSAIDs. 50% of patient taking NSAIDs may complain of GI upset, however, it is not clear that the patient was prescribed Omeprazole automatically. The prescribed opioid analgesic, not an NSAID, was accompanied by a prescription for Omeprazole without documentation of complications. There were no documented GI effects of the NSAIDs to the stomach of the patient and the Omeprazole was dispensed or prescribed routinely. Therefore, this request is not medically necessary.

