

<b>Case Number:</b>	CM14-0174469		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	02/08/2014
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for shoulder and elbow pain reportedly associated with an industrial injury of February 8, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; muscle relaxants; work restrictions; and a TENS unit. In a Utilization Review Report dated October 13, 2014, the claims administrator approved a request for Flexeril, denied a request for Diclofenac, and denied a request for omeprazole. The applicant's attorney subsequently appealed. In a September 20, 2013 progress note, the applicant reported ongoing complaints of elbow and shoulder pain, 6/10. TENS unit was endorsed. In a September 9, 2013 progress note, the applicant reported ongoing complaints of upper arm and shoulder pain. It was stated that the applicant had not returned to work since August 2014 as his employer was apparently unable to accommodate his limitations. TENS unit was endorsed. It was stated that the applicant was using unspecified NSAIDs. There was no explicit discussion of medication efficacy. In a September 8, 2014 handwritten progress note, the applicant reported ongoing complaints of shoulder pain and right upper extremity myofascial pain. Diclofenac, omeprazole, and Flexeril were apparently endorsed, along with a 10-pound lifting limitation. It was not clear whether these requests were first-time requests or renewal requests. In an earlier note dated May 19, 2014, the applicant was described as using naproxen. It was stated that the applicant was not using any other medications as of that point in time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac 100mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac (Voltaren). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section. Anti-inflammatory Medicat.

**Decision rationale:** While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Diclofenac do represent the traditional first-line of treatment for various chronic pain conditions, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should "tailor medications and dosages" to the specific applicant, taking into consideration applicant-specific variables such as "other medications." In this case, the attending provider did not provide any rationale which would justify selection and/or introduction of Diclofenac at or around the same time the applicant was given a prescription for naproxen, another NSAID, by another treating provider. It was not clear whether naproxen had proven ineffectual or whether the attending provider intended for the applicant to employ two separate NSAIDs here. The handwritten progress note of September 8, 2014 on which Diclofenac was prescribed did not include any rationale to justify introduction of the same in the face of the applicant's seemingly using another NSAID. Therefore, the request was not medically necessary.

**Omeprazole 20mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic Page(s): 69.

**Decision rationale:** As noted on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants at heightened risk for gastrointestinal events who qualify for prophylactic usage of proton pump inhibitors include those individuals who are using multiple NSAIDs. In this case, the information on file does suggest that the applicant was or is using two separate NSAIDs, Diclofenac and Voltaren. Prophylactic usage of omeprazole was, thus, indicated. Therefore, the request was medically necessary.