

Case Number:	CM14-0177001		
Date Assigned:	10/30/2014	Date of Injury:	04/23/2013
Decision Date:	12/05/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/25/2014

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:

Diclofenac is an NSAID. MTUS specifies four recommendations regarding NSAID use: 1) Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. 2) Back Pain - Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. 3) Back Pain - Chronic low back pain: Recommended 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 review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. 4) Neuropathic pain: There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. The medical documents do not indicate that the patient is being treated for osteoarthritis. The treating physician does not document failure of primary (Tylenol) treatment. Importantly, ODG also states that diclofenac is "Not recommended as first line due to increased risk profile . . . If using diclofenac then consider discontinuing as it should only be used for the shortest duration possible in the lowest effective dose due to reported serious adverse events." Medical records do not indicate how long the patient has been on this medication, but it is indicated for the shortest period reasonable. The original reviewer non-certified the request and recommended weaning, which is appropriate. Additionally, the medical records do not show any subjective or functional improvement on this medication. As such, the request for Diclofenac PRN Pain is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Capsules of Gabapentin 100mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Section. MTUS Chronic Pain Medical.

Decision rationale: As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, an attending provider's choice of pharmacotherapy must be based on the type of pain to be treated and/or pain mechanism involved. In this case, the attending provider did not furnish any rationale for introduction of gabapentin. It was not stated for what purpose gabapentin was being employed. While page 49 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that gabapentin is indicated in the first-line treatment for neuropathic pain, in this case, however, the applicant's primary pain generator appears to be mechanical shoulder pain status post earlier shoulder surgery. There is no clear mention or description of neuropathic pain for which gabapentin could have been introduced. The stated diagnoses include shoulder strain, wrist sprain, shoulder joint pain, and depression, none of which are synonymous with or suggestive of neuropathic pain. Therefore, the request is not medically necessary.

60 Tablets Omeprazole 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

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

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of proton pump inhibitors such as omeprazole to combat issues with NSAID-induced dyspepsia, in this case, however, there is no mention of any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on the progress note on which omeprazole was initiated, on September 17, 2014. Therefore, the request is not medically necessary.

60 Tablets Fenoprofen Calcium 40mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Topic Page(s): 22.

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as fenoprofen do represent the traditional first-line of treatment for various chronic pain states/chronic pain conditions, as was present here. The request in question appeared to represent a first-line request for fenoprofen. It appeared that fenoprofen was initiated for the first time on September 17, 2014. This was indicated, given the applicant's chronic, ongoing multifocal pain complaints. Therefore, the request is medically necessary.