MAXIMUS Federal Services

Case Number:	CM14-0189791		
Date Assigned:	11/20/2014	Date of Injury:	05/02/2000
Decision Date:	01/08/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/13/2014

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 who sustained an injury on05/02/2000. The current diagnoses include cervical spondylosis, lumbosacral degenerative disc disease, and right rotator cuff tear. Per the doctor's note dated 09/19/2014, she had complaints of continued right shoulder pain and limited Range of Motion (ROM) in the neck and low back. Physical examination revealed tenderness and guarding over the lumbar spine, limited range of motion of the right shoulder and weakness over the right upper extremity. The medications list includes Ultracet, Naprosyn and Prilosec. She has had magnetic resonance imaging (MRI) of the right shoulder dated 7/24/14 revealed supraspinatus articular surface partial tendon tear, tendinosis, superior glenoid labral tear, osteoarthritis, and stenosis. Other therapy for this injury was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac ER 100mg quantity 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter:Pain(updated 11/21/14)

Decision rationale: Diclofenac an NSAID according to the cited guidelines "anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Patient had chronic low back, neck and right shoulder pain. Therefore use of NSAIDs is medically appropriate and necessary. However, per the cited guidelines "A large systematic review of available evidence on NSAIDs confirms that Diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid Diclofenac because it increases the risk by about 40%. For a patient who has a 5% to 10% risk of having a heart attack, which is a significant increase in absolute risk, particularly if there are other drugs that don't seem to have that risk. The response and failure of other NSAIDS is not specified in the records provided. The request of Diclofenac ER 100mg quantity 120 is not medically necessary as a first line NSAID due to its risk profile.

Prilosec 20mg quantity 120: 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Prilosec contains omeprazole which is a proton pump inhibitor. Per the CA MTUS NSAIDs guidelines cited above, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events; patients at high risk for gastrointestinal events and treatment of dyspepsia secondary to NSAID therapy." Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDS when- " (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)."There is no evidence in the records provided that the patient had abdominal/gastric symptoms with the use of NSAIDs. The records provided do not specify the duration of the NSAID therapy. The records provided do not specify any objective evidence of gastrointestinal disorders, gastrointestinal bleeding or peptic ulcer. The medical necessity of Prilosec 20mg quantity 120 is not established for this patient at this time.