MAXIMUS Federal Services

Case Number:	CM14-0189987		
Date Assigned:	11/21/2014	Date of Injury:	09/02/2012
Decision Date:	01/15/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/14/2014

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 Practice 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 medical records indicate that the patient is a 31-year-old male who sustained an industrial injury on September 2, 2012. The patient was seen on October 6, 2014 at which time he complained of continued low back pain radiating to the lower extremity. Topamax was not helpful in managing tingling sensation in the left lower extremity. The patient has been having more neuropathic pain. He has been having stomach upset after he takes medications. Omeprazole 20 mg is helpful. He has been using Tens regularly. Medications help with pain over 50%. The patient is diagnosed with lower back pain, lumbar radiculitis, lumbar facet syndrome, myofascial pain, knee pain, and gastritis. He is working part-time. Treatment plan was for Diclofenac ER 100 mg, omeprazole 20 mg, and tens patches. The patient is to undergo a trial of gabapentin. Acupuncture was requested. Utilization review was performed on October 21, 2014 at which time the requested treatment for diclofenac, omeprazole, and tens patches were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium 100mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , Pain, Anti-inflammatory medications, Diclofenac

Decision rationale: While the judicious use of an oral anti-inflammatory medication would be supported for this patient, the request for diclofenac is not medically necessary. References state that diclofenac is not recommended as first-line treatment due to increased risk profile. References state that "Diclofenac is associated with a significantly increased risk of cardiovascular complications and should be removed from essential-medicines lists, according to a new review. The increased risk with diclofenac was similar to Vioxx, a drug withdrawn from worldwide markets because of cardiovascular toxicity. Rofecoxib, etoricox. Ib, and diclofenac were the three agents that were consistently associated with a significantly increased risk when compared with nonuse. With diclofenac even in small doses it increases the risk of cardiovascular events. They recommended naproxen as the NSAID of choice. (McGettigan, 2013)". In this case, the medical records do not establish failure of standard anti-inflammatory medications. Given the increased risks associated with the use of Diclofenac, this medication is opined to be not medically necessary.

Omeprazole 20mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68, 69.

Decision rationale: The medical records indicate that the patient is currently utilizing oral anti-inflammatory medications. The patient has a diagnosis of gastritis and is reporting omeprazole to be helpful. As such, this medication is medically necessary. However, caution is advised as long-term use of omeprazole may lead to an increased risk of hip fractures. The request for omeprazole 20 mg #60 prescribed on October 6, 2014 is medically necessary.

TENS Patches x 4 pair for purchase: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tens Page(s): 113-116.

Decision rationale: The request for Tens unit patches is supported. The patient is followed for chronic pain. The examination narrative dated October 6, 2014 states that the patient has been using Tens regularly. It is also noted that the patient is working part-time. Given that the patient has obtained improvement with the use of this DME, the request for patches is supported.