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| Case Number: | CM14-0211166 | | |
| Date Assigned: | 12/24/2014 | Date of Injury: | 05/27/2009 |
| Decision Date: | 02/13/2015 | UR Denial Date: | 12/09/2014 |
| Priority: | Standard | Application Received: | 12/16/2014 |

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 Physical Medicine Rehab 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 50 year-old patient sustained an injury on 5/27/09 while employed by [REDACTED]. Request(s) under consideration include Omeprazole 20 mg, #60 and Diclofenac XR 100 mg, #60. Diagnoses include lumbago/ chronic low back pain s/p lumbar fusion at L4-5. The patient continues to treat for chronic ongoing low back pain shooting down his knee and back of leg rated at 5/10. Exam showed unchanged findings of positive tenderness at PSIS with spasm in paralumbar musculature; decreased range of flex/ext lateral tilt of 60/10/30 degrees with negative SLR. Treatment included continuing medications, TENS trial and PT. The request(s) for Omeprazole 20 mg, #60 and Diclofenac XR 100 mg, and #60 were non-certified on 12/9/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Section Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk Page(s): 68-69.

Decision rationale: This 50 year-old patient sustained an injury on 5/27/09 while employed by [REDACTED]. Request(s) under consideration include Omeprazole 20 mg, #60 and Diclofenac XR 100 mg, #60. Diagnoses include lumbago/ chronic low back pain s/p lumbar fusion at L4-5. The patient continues to treat for chronic ongoing low back pain shooting down his knee and back of leg rated at 5/10. Exam showed unchanged findings of positive tenderness at PSIS with spasm in paralumbar musculature; decreased range of flex/ext lateral tilt of 60/10/30 degrees with negative SLR. Treatment included continuing medications, TENS trial and PT. The request(s) for Omeprazole 20 mg, #60 and Diclofenac XR 100 mg, and #60 were non-certified on 12/9/14. Prilosec (Omeprazole) medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The Omeprazole 20 mg, #60 is not medically necessary and appropriate.

Diclofenac XR 100 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68 - 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22.

Decision rationale: This 50 year-old patient sustained an injury on 5/27/09 while employed by [REDACTED]. Request(s) under consideration include Omeprazole 20 mg, #60 and Diclofenac XR 100 mg, #60. Diagnoses include lumbago/ chronic low back pain s/p lumbar fusion at L4-5. The patient continues to treat for chronic ongoing low back pain shooting down his knee and back of leg rated at 5/10. Exam showed unchanged findings of positive tenderness at PSIS with spasm in paralumbar musculature; decreased range of flex/ext lateral tilt of 60/10/30 degrees with negative SLR. Treatment included continuing medications, TENS trial and PT. The request(s) for Omeprazole 20 mg, #60 and Diclofenac XR 100 mg, and #60 were non-certified on 12/9/14. 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. Monitoring of the NSAID's functional benefit is advised as long term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have not adequately addressed the indication to continue this NSAID for this chronic injury nor its functional efficacy derived from treatment already rendered. There is no report of acute flare or new injuries. NSAIDs is a second line medication after use of acetaminophen. The Diclofenac XR 100 mg, #60 is not medically necessary and appropriate.