

Case Number:	CM14-0054661		
Date Assigned:	07/07/2014	Date of Injury:	03/08/2011
Decision Date:	01/02/2015	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/23/2014

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 chronic pain syndrome reportedly associated with an industrial injury of March 8, 2011. In a Utilization Review Report dated March 27, 2014, the claims administrator failed to approve requests for Prilosec and Voltaren. The claims administrator suggested that the applicant use over-the-counter Prilosec in lieu of the prescription variant of the same. The applicant's attorney subsequently appealed. In a January 15, 2014 progress note, the applicant reported ongoing complaints of 6/10 low back pain. The applicant was not working and had last worked in March 2011, it was noted. The applicant had recently completed a functional restoration program and reported residual complaints of 6-7/10 pain. The applicant stated that oral Voltaren was not terribly helpful. The applicant stated that she was therefore requesting Flector patches. The applicant was using a cane to move about. The applicant's medication list as of this point in time, included Prilosec, Voltaren, aspirin, Lipitor, glipizide, Zestril, metformin, and Celexa. The applicant's past medical history is notable for diabetes, obesity, asthma, dyslipidemia, sleep apnea, and depression, it was acknowledged. The applicant was asked to try Flector patches. Epidural steroid injection therapy was sought. Prilosec was endorsed. On March 19, 2014, the applicant reported persistent complaints of low back pain. It was again stated that Voltaren orally was not terribly helpful in terms of pain relief. A trial of Zanaflex was endorsed. The note was difficult to follow and mingled historical complaints and current complaints. Flector and Prilosec were again endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 100 mg # 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA/MTUS does not apply Diclofenac Sodium (Voltaren package insert)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications topic; Functional Restoration Approach to Chronic Pain Management. Decision based on Non-MTUS Citation MTUS 9792.20f

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Voltaren are a first-line treatment for chronic low back pain, as was/is present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was/is off of work, despite ongoing usage of Voltaren. The applicant self-reported that ongoing usage of Voltaren was not terribly beneficial here. Ongoing usage of Voltaren did not diminish the applicants work restrictions or the need for other medications such as Zestril or Flector. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Voltaren. Therefore, the request was not medically necessary.

Prilosec 20 mg # 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Proton pump inhibitors

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment 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 acknowledge that proton pump inhibitors such as Prilosec are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, there was no mention of any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on either of the progress notes, referenced above. Therefore, the request for Prilosec was not medically necessary.