

<b>Case Number:</b>	CM14-0065719		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	03/08/2011
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2014

### 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 and Rehabilitation 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 injured worker has a date of injury of 3/8/11. Treatment diagnoses includes lumbar disc degeneration and lumbar radiculopathy. Physical exam is significant for impaired lumbar range of motion and associated muscle spasms, positive straight leg raise test and reduced sensation in the left calf and dorsum of the foot. Treatment has included functional restoration program, physical therapy, lumbar epidural steroid injections and Voltaren XR 100 mg for pain and Prilosec 20 mg for GI prophylaxis which have helped with her pain management. Upon follow-up there was a report of increase in low back pain for which the claimant was restarted on Flector patch.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRILOSEC 20 MG, #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** The injured worker is being treated with NSAIDs, both topical and oral, and a proton pump inhibitor for GI prophylaxis for the diagnosis of lumbar radiculopathy secondary

to chronic degenerative disc disease. With regards to GI prophylaxis during NSAID therapy, MTUS guidelines recommends such for patients at risk for gastrointestinal events. Provided medical records indicate the patient is at risk for gastrointestinal events due to multiple NSAIDs plus low-dose aspirin therapy. The request is therefore medically necessary.

**VOLTAREN 100 MG, #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS  
Page(s): 67-68.

**Decision rationale:** The injured worker has been treated with Voltaren XR when necessary daily for at least 4 months due to low back pain exacerbations. Repeat lumbar epidural steroid injection is anticipated. Prior analgesics included Naprosyn and Ultracet which were discontinued for undisclosed reasons. MTUS guidelines recommends NSAIDs as a second line treatment for acute exacerbations of chronic pain. Based on the records provided, Voltaren XR is being prescribed as a second line pain medication for chronic back pain on an interim basis. The request is therefore medically necessary.