

Case Number:	CM15-0008407		
Date Assigned:	01/26/2015	Date of Injury:	07/08/2009
Decision Date:	03/26/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/14/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 is a 56 year old female, who sustained an industrial injury on July 8, 2008. She complained of low back pain when she attempted to transfer wet laundry from a washer to a dryer. The diagnoses have included lumbosacral strain/sprain, lumbar disc protrusions L3-4 and L4-5 and lumbar radiculopathy. Treatment to date has included medications and psychotherapy. Currently, the injured worker complains of an acute flare up of her low back pain. Her low back and left leg pain have been progressively increasing. On December 16, 2014, Utilization Review non-certified Diclofenac 100 milligrams #30 and Prilosec 40 milligrams #30, noting the California Chronic Pain Treatment Guidelines. On January 14, 2015, the injured worker submitted an application for Independent Medical Review for review of Diclofenac 100 milligrams #30 and Prilosec 40 milligrams #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 100 mg ER qty: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

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

Decision rationale: According to the California MTUS Guidelines, NSAIDs are recommended for the short term symptomatic relief of low back pain. The documentation provided did not support that the injured worker has had a quantitative decrease in pain or an objective improvement in function with the use of this medication to support its continuation. Also, further clarification is needed regarding how long the injured worker has been using this medication. Without this information, the request would not be supported as this class of medication is only recommended for short term treatment. Therefore, the request is not supported. As such, the request is not medically necessary.

Prilosec 40 mg qty: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs/GI Risks Page(s): 67-68.

Decision rationale: According to the California MTUS Guidelines, proton pump inhibitors are recommended for the treatment of dyspepsia secondary to NSAID use and for those who are at high risk for gastrointestinal events due to NSAID use. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the lumbar spine. However, there was a lack of documentation showing that she was at high risk for gastrointestinal events due to NSAID therapy or that she had reported dyspepsia secondary to NSAID therapy. Without this information, the medication requested would not be supported. Also, the frequency of the medication was not provided within the request. Therefore, the request is not supported. As such, the request is not medically necessary.