

<b>Case Number:</b>	CM15-0137655		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	03/20/2011
<b>Decision Date:</b>	09/25/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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

Certification(s)/Specialty: Family Practice

### 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 54-year-old female, who sustained an industrial injury on March 20, 2011. She reported slipping and falling on water on the floor, landing on her back with severe pain. The injured worker was diagnosed as having low back pain, rule out disc herniation, and radiculitis of the lower extremities. Treatments and evaluations to date have included physical therapy, injection therapy, discogram, MRI, facet injections, and medication. Currently, the injured worker complains of lower back pain with tingling down her lower extremities. The Primary Treating Physician's report dated May 29, 2015, noted the injured worker reported she had no significant improvement, with the pain improved with rest and medications. Physical examination was noted to show the lumbar spine without tenderness or muscle spasms, pain with extension at 10 degrees, and intact neurovascular status. Straight leg raise was noted to be negative bilaterally. The treatment plan was noted to include requests for authorization for lumbar epidural injections x2 for chronic intractable pain and radiculopathy, and for refill of the medications Diclofenac XR and Omeprazole.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac XR (extended release) 100 mg Qty 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Diclofenac.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

**Decision rationale:** This patient receives treatment for chronic low back pain with radiation to the lower extremities. This relates back to a work related fall injury on 03/20/2011. This review addresses a request for diclofenac XR 100mg #60. Diclofenac is an NSAID. The patient's medical diagnoses include low back pain with radiculitis. The patient received PT, received spinal injections, and took medications. On examination, palpation did not reveal muscle spasm, motor and sensory neurologic exams were normal, and pain was triggered with 10 degrees of extension. SLR exams were also negative. NSAIDs are recommended as one of the treatment options for the short-term management of low back pain. In the clinical setting of chronic low back pain, NSAIDs are best suited to treat exacerbations of chronic low back pain. Long-term NSAID use is associated with complications, which include delayed healing of soft tissues, GI bleeding, and exacerbations of chronic kidney disease and heart failure. In addition, the documentation does not show any functional improvement while taking diclofenac. Ongoing use of diclofenac is not medically necessary.

**Omeprazole 20 mg Qty 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** This patient receives treatment for chronic low back pain with radiation to the lower extremities. This relates back to a work related fall injury on 03/20/2011. This review addresses a request for Omeprazole 20 mg #60. Omeprazole is a proton pump inhibitor (PPI). The patient's medical diagnoses include low back pain with radiculitis. The patient received PT, received spinal injections, and took medications. On examination, palpation did not reveal muscle spasm, motor and sensory neurologic exams were normal, and pain was triggered with 10 degrees of extension. SLR exams were also negative. PPIs might be medically indicated to prevent the gastrointestinal harm that some patients experience when taking NSAIDs. These adverse effects include GI bleeding or perforation. Patients over age 65, patients with a history of peptic ulcer disease, and patients taking aspirin are also at high risk. The documentation does not mention these risk factors. Omeprazole is not medically necessary.