

Case Number:	CM15-0139624		
Date Assigned:	07/29/2015	Date of Injury:	03/04/2014
Decision Date:	09/02/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/17/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 63-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 4, 2014. In a Utilization Review report dated June 24, 2015, the claims administrator failed to approve requests for Voltaren and Prilosec. The claims administrator referenced an RFA form of June 15, 2015 and an associated progress note of June 10, 2015 in its determination. The applicant's attorney subsequently appealed. On a June 15, 2015 RFA form, Voltaren, Prilosec, and Norco were endorsed. In an associated progress note of June 10, 2015, the applicant was placed off of work, on total temporary disability. The note was very difficult to follow and not altogether legible. The attending provider stated that Soma and lower dose Norco were not helpful. The attending provider therefore stated that he was prescribing a heightened dosage of Norco. Voltaren and Prilosec were likewise renewed. It was suggested that the applicant had developed symptoms of reflux. Little-to-no discussion of medication efficacy transpired. The applicant was placed off-of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren ER 100mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk; Functional Restoration Approach to Chronic Pain Management Page(s): 69; 7.

Decision rationale: No, the request for Voltaren, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, one option to combat issues with NSAID-induced dyspepsia is cessation of the offending NSAID. Here, the applicant had in fact developed issues with NSAID-induced dyspepsia, it was reported on June 10, 2015. The applicant was described as having issues with GI upset and reflux in various sections of the note. Discontinuing the offending NSAID, Voltaren, thus, appeared to be a more appropriate option than continuing the same. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and page 47 of the ACOEM Practice Guidelines further stipulates that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, the heightened pain complaints reported on June 10, 2015, the applicant's failure to return to work, and the applicant's continued dependence on opioid agents such as Norco (at an increased dosage), taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Voltaren. Therefore, the request was not medically necessary.

Prilosec 20mg #30: Overturned

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

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

Decision rationale: Conversely, the request for Prilosec, a proton-pump inhibitor, was medically necessary, medically appropriate, and indicated here. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Prilosec are indicated to combat issues with NSAID-induced dyspepsia, as were reportedly present here on June 10, 2015. The applicant was described as having issues with GERD and GI upset, seemingly Voltaren-induced. Usage of Prilosec was indicated to combat the same. Therefore, the request was medically necessary.