MAXIMUS Federal Services

Case Number:	CM15-0139927		
Date Assigned:	07/29/2015	Date of Injury:	06/14/2012
Decision Date:	08/26/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/20/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 33 year old female with an industrial injury dated 06-14-2012. She worked as a certified nursing assistant when she injured her back. She was holding patient from falling out of bed when she developed pain to her low back. A co-morbid condition was pernicious anemia. Her diagnosis was degenerative disc disease of lumbosacral spine with right radiculopathy. Prior treatment included physical therapy, diagnostics and medications. She presents on 05/28/2015 with complaints of some flare-ups with her back. They are usually well controlled with her medications but occasionally she needed a Toradol injection. She reports mid and lower back pain radiating down her right leg. She describes her pain level as from 5 to 8 and one half out of ten. Without medications she rates her pain as ten of ten. Physical exam revealed mild palpable tenderness to lower lumbar spine. There was no palpable tenderness to paraspinous musculature. She had positive bilateral seated straight leg raises. Treatment plan included follow up about every three months or sooner if problems and refill medications. The injured worker was not working but had been placed on modified work. Notes indicate that the patient's pain is 10/10 without medication and 7/10 with medication. The patient's current medications as of May 5, 2015 include tizanidine, omeprazole, and tramadol. A report dated December 9, 2014 states that she stopped ibuprofen due to heartburn. The symptoms have resolved since discontinuing that medication. The requested treatments for the following have been authorized: Tizanidine 4 mg quantity 20; Tramadol 50 mg quantity 60. The treatments for review are listed below: Diclofenac Sodium; Ibuprofen; Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72 of 127.

Decision rationale: Regarding the request for Voltaren (diclofenac), Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that diclofenac is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested Voltaren (diclofenac) is not medically necessary.

Omeprazole: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors (PPIs).

Decision rationale: Regarding the request for omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested omeprazole (Prilosec) is not medically necessary.

Ibuprofen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 67-72 of 127.

Decision rationale: Regarding the request for Motrin (ibuprofen), Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest

period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Naproxen is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In fact, it appears that this medicine was discontinued due to intolerable side effects. In the absence of such documentation, the currently requested Motrin (ibuprofen) is not medically necessary.