

Case Number:	CM15-0141638		
Date Assigned:	07/31/2015	Date of Injury:	12/15/2014
Decision Date:	08/31/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/21/2015

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 29 year old male who sustained a work related injury December 15, 2014. While lifting heavy cabinets for installation, he developed low back pain. He was initially treated with ice packs, moist heat pad, x-ray, Anaprox, Norflex, a lumbar support, Biofreeze, and 9 sessions of physical therapy. According to a physician's progress notes, dated June 8, 2015, the injured worker presented with constant sharp low back pain which radiates bilaterally to buttocks and posterior leg on affected side. He is currently taking Norco and Diclofenac for pain management. X-ray of the lumbar spine was negative. Physical examination revealed; 6'4" and 276 pounds, normal gait, range of motion trunk extension 10 degrees, lumbar spine flexion 30 degrees, right and left rotation 45 degrees, testing limited due to pain. Assessment is documented as strain of the lumbar paraspinal muscle. Treatment plan included an MRI of the lumbar spine without contrast, and at issue, a request for authorization for Prilosec and Voltaren XR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg 1 tab twice daily #60 with 1 refill prescribed 6/8/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPIs Page(s): 68-69.

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.

Voltaren XR 100mg 1 tab twice daily #60 with 1 refill prescribed 6/8/15: Upheld

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

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

Decision rationale: Regarding the request for 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, the patient has documented failure with ibuprofen. However, it does not appear that the patient has tried any other first line NSAIDs such as Naproxen or Meloxicam. In the absence of such documentation, the currently requested Voltaren is not medically necessary.