

Case Number:	CM15-0147819		
Date Assigned:	08/10/2015	Date of Injury:	11/18/2014
Decision Date:	09/10/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/29/2015

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 represented a 41-year-old who has filed a claim for chronic neck, wrist, elbow, and low back pain reportedly associated with an industrial injury of November 18, 2014. In a Utilization Review report dated July 21, 2015, the claims administrator failed to approve requests for diclofenac extended release and Prilosec. The claims administrator referenced an RFA form received on July 14, 2015 and an associated progress note of June 11, 2015 in its determination. The applicant's attorney subsequently appealed. On said June 11, 2015 progress note, the applicant reported ongoing complaints of neck, upper back, low back, arm, elbow, and wrist pain. The applicant was avoiding working, exercising and participating in recreational activities secondary to pain complaints, it was reported. The applicant was given a 20-pound lifting limitation, although it was suggested that the applicant was not, in fact, working with said limitation in place. Diclofenac extended release and Prilosec were endorsed. It was suggested that Prilosec had been endorsed for cytoprotective effect as opposed to actual symptoms of reflux. The applicant was asked to use topical methyl salicylate containing gel. The applicant's pain complaints were described as severe and frequent toward the top of note. Pain ranging anywhere from 5 to 9/10 was reported. Activities of daily living such as bending, sitting, standing, and walking remained problematic. The treating provider then stated that the applicant's medications were reducing his pain scores to some extent but did not elaborate further. It was suggested (but not explicitly stated) that the requests for diclofenac and Prilosec represented a renewal or an extension request. In a previous note dated May 8, 2015, the pain management physician reported that the applicant was off work and had worked in November

2014. The applicant's pain management physician stated that the applicant was using Tylenol with Codeine, Naprosyn, Motrin, and aspirin. On July 6, 2015, the applicant's pain management physician stated that the applicant was still having difficulty struggling to perform activities of self-care, personal hygiene, and dressing himself secondary to pain. Multifocal complaints of neck, upper back, lower back, arm, wrist, and elbow pain were reported, 6/10. Bending, lifting, stooping, sitting, standing, and walking all remained problematic, it was reported. The applicant was asked to remain off work for the time being and pursue a functional restoration program. Towards the bottom of the note, the applicant was asked to remain off work owing to pain and disability. It was stated towards the bottom of the report that the applicant was using Motrin for pain relief and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective 1 prescription for Diclofenac XR 100mg #30 (DOS 06/11/2015): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren- XR; Functional Restoration Approach to Chronic Pain Management Page(s): 71; 7.

Decision rationale: No, the request for diclofenac extended release was not medically necessary, medically appropriate, or indicated here. As noted on page 71 of the MTUS Chronic Pain Medical Treatment Guidelines, Voltaren extended release (AKA diclofenac extended release) should only be used as chronic maintenance therapy. Here, the request for diclofenac extended release of June 11, 2015 seemingly represented a first-time request for the same. It did not appear, thus, that diclofenac extended release was prescribed for the maintenance therapy role for which it is espoused, per page 71 of the MTUS Chronic Pain Medical Treatment Guidelines. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that an attending provider incorporate some discussion of applicant-specific variables such as "other medications" into his choice of recommendations. Here, however, the attending provider's progress note of June 11, 2015 did not clearly state whether diclofenac extended release was intended to replace previously prescribed NSAIDs or whether diclofenac extended release was intended for using in conjunction with previously prescribed NSAID. An earlier note of May 8, 2015 suggested that the applicant was using a variety of NSAIDs to include Naprosyn, Motrin and aspirin. A subsequent progress note of July 6, 2015 stated that the applicant was using both diclofenac extended release and ibuprofen for pain relief. It was not clearly stated why the applicant was using so many different anti-inflammatory medications concurrently. Therefore, the request was not medically necessary.

Retrospective 1 prescription for Prilosec 20mg #60 (DOS 06/11/2015): Overturned

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

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

Decision rationale: Conversely, the request for Prilosec, a proton pump inhibitor, was medically necessary, medically appropriate, and indicated here. The attending provider's June 11, 2015 progress note suggested that Prilosec had been employed for cytoprotective effect here as opposed to for actual symptoms of reflux. Page 68 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that applicants who are using multiple NSAIDs and/or NSAIDs in conjunction with aspirin are, in fact, at heightened risk for gastrointestinal events. Here, the applicant was seemingly using multiple NSAIDs on July 6, 2015, including diclofenac extended release and ibuprofen. Per an earlier progress note of May 8, 2015, the applicant was also using a variety of NSAIDs to include aspirin, Motrin, Naprosyn, etc. Prophylactic usage of Prilosec (omeprazole) for cytoprotective effect purposes was, thus, indicated in the face of the applicant's seemingly using multiple NSAIDs concurrently. Therefore, the request was medically necessary.