

Case Number:	CM15-0161568		
Date Assigned:	08/27/2015	Date of Injury:	06/15/2006
Decision Date:	10/02/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/17/2015

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 [REDACTED] employee who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of June 15, 2006. In a Utilization Review report dated July 31, 2015, the claims administrator failed to approve requests for diclofenac and omeprazole apparently prescribed and/or dispensed on or around July 28, 2015. The applicant's attorney subsequently appealed. On August 27, 2015, the applicant reported ongoing complaints of low back pain. The applicant was using morphine, Norco, Prilosec, Voltaren, Abilify, Norvasc, and Paxil, it was reported. The applicant had comorbid issues with depression and hypertension. The applicant was status post earlier L5-S1 decompression surgery, it was reported. The applicant was reportedly "retired," it was stated. Multiple medications were renewed and/or continued. Abilify was apparently introduced to augment the applicant's antidepressant medications. The attending provider stated that the applicant's "muscle relaxant and NSAID" were not working as well. The note did mingle historical issues with current issues to some extent. On June 9, 2015, the attending provider again stated in one section of the note that the applicant's muscle relaxant and NSAID were not working. Another section of the note stated that oral Voltaren, Norco, and morphine were helping. The applicant's medication list included Paxil, Norvasc, Voltaren, Prilosec, Norco, and morphine, it was reported. The attending provider stated that the applicant was using Prilosec in the event of "GI flare-ups."

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole capsule 20mg quantity 60, 30 day supply: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

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

Decision rationale: Yes, the request for omeprazole, 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 omeprazole are indicated in the treatment of NSAID-induced dyspepsia. Here, the applicant was described as having flares of GI symptoms on June 9, 2015, either Voltaren-induced or stand-alone. Introduction, selection, and/or ongoing use of omeprazole was, thus, indicated to combat the same. Therefore, the request was medically necessary.

Diclofenac 100mg quantity 60, 30 day supply: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Anti-inflammatory medications; Functional Restoration Approach to Chronic Pain Management; NSAIDs, GI symptoms & cardiovascular risk Page(s): 22; 7; 69.

Decision rationale: Conversely, the request for oral diclofenac, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as diclofenac do represent a traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" and "side effects" into his recommendations. Here, portions of the attending provider's June 9, 2015 and August 27, 2015 progress notes suggested that the applicant was not deriving appropriate analgesia from ongoing NSAID usage (presumably ongoing Voltaren usage). Ongoing usage of oral diclofenac (Voltaren) failed to curtail the applicant's dependence on opioid agents such as morphine and Norco, it was acknowledged on both June 9, 2015 and August 27, 2015. The applicant had failed to return to work and reportedly "retired," it was stated on both dates. The applicant had seemingly developed issues with Voltaren-induced dyspepsia, it was suggested on June 9, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e with ongoing diclofenac

(Voltaren) usage, which, coupled with the applicant's seemingly development of issues with Voltaren-induced dyspepsia, suggested that discontinuation of Voltaren represented a more appropriate option than continuation of the same, particularly in light of the fact that page 69 of the MTUS Chronic Pain Medical Treatment Guidelines also advocates cessation of the offending NSAID in applicants who develop dyspepsia with the same. Therefore, the request was not medically necessary.