

<b>Case Number:</b>	CM15-0186048		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	06/03/2009
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: 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] beneficiary who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of June 3, 2009. In a Utilization Review report dated September 8, 2015, the claims administrator failed to approve a request for omeprazole and Voltaren gel. The claims administrator referenced an RFA form received on August 31, 2015 and an associated progress note of August 13, 2015 in its determination. On an August 31, 2015 RFA form, Voltaren gel, Prilosec and an orthopedic consultation in question were endorsed. On an associated progress note of August 13, 2015, the applicant reported 7/10 low back pain and bilateral shoulder pain complaints. Work restrictions were endorsed. It did not appear that the applicant was working with said limitations in place. Voltaren gel, Prilosec, and an orthopedic consultation were endorsed. The applicant's GI review of systems was positive for reflux, it was acknowledged.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One tube of Voltaren Gel 1%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** No, the request for topical Voltaren gel is not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Voltaren has "not been evaluated" for treatment of the spine, hip, or shoulder. Here, the applicant's primary pain generators were the low back and shoulder(s), i.e., body parts, for which topical Voltaren has not been evaluated, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines. The attending provider failed to furnish a clear or compelling rationale for selection of this particular agent in face of the tepid to unfavorable MTUS position on the same for the body parts at issue. Therefore, the request is not medically necessary.

**Omeprazole 20mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** Conversely, the request for omeprazole, a proton-pump inhibitor, is 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, or by analogy, the stand-alone dyspepsia reportedly present here on the August 13, 2015 office visit in question. The applicant was described as having review of systems positive for reflux, it was reported on that date. Usage of omeprazole was indicated to combat the same. Therefore, the request is medically necessary.