

Case Number:	CM15-0191599		
Date Assigned:	10/05/2015	Date of Injury:	01/31/2011
Decision Date:	11/10/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/29/2015

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: Montana, Oregon, Idaho

Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 41 year old male who reported an industrial injury on 1-31-2011. His diagnoses, and or impressions, were noted to include: displacement of lumbar inter-vertebral disc, without myelopathy; left-sided back pain with radiation to the left leg; status-post lumbar surgery; intractable radicular pain remaining after surgery, likely secondary to chemical radiculopathy; likely cervical radiculitis versus facet arthropathy; "MMPI" low risk; successful spinal cord stimulator trial (1-20-13); sciatica; post-lumbar laminectomy syndrome; cervical radiculopathy and neuritis; cervical degenerative disc disease; and neck pain-cervicalgia. No current imaging studies were noted; magnetic resonance imaging studies of the cervical spine were done on 2-19-2013. His treatments were noted to include: multi-level left cervical spine "MBB" (11 & 12-2013): effective; left cervical "MBRF" (2-3-14): effective; left lumbar transforaminal epidural steroid injection (3-20-14): effective; left cervical-thoracic inter-vertebral "CESI" (5-15-15): minimally effective; psychiatric evaluation and treatment (3-3-15); activity modifications; medication management; and rest from work. The progress notes of 9-4-2015 reported complaints which included: constant pain, rated 7-8 out of 10, in the neck, low-mid-upper back, both shoulder-arms-wrists, and left knee-foot; his pain was associated with numbness-tingling-weakness in all extremities, and was aggravated by movement and activities, coughing and straining with bowel movements, and was decreased with lying down, relaxation, and medications; that his pain interfered with his activities of daily living and sexual relations; and that he remained off work but would like to return to work if he could get better. The objective findings were noted to include: a noticeable limp with the use of a cane; the inability

to sit during the interview; tenderness over the bilateral lumbar para-spinal muscles, consistent with spasms, positive right seated straight leg raise, and decreased lumbar range-of-motion; diminished sensation in the bilateral lumbosacral dermatomes; decreased reflexes in the bilateral lower extremities; and decreased motor strength with left ankle plantar flexion. The physician's requests for treatment were noted to include the continuation of medications as needed. The Request for Authorization, dated 9-9-2015, was noted to include: Diclofenac XR 100 mg once daily, #30, and Omeprazole 20 mg twice a day, #60. The Utilization Review of 9-14-2015 non-certified the request for Diclofenac XR 100 mg once daily, #30, and Omeprazole 20 mg twice a day, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac XR 100 MG #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain.

Decision rationale: The CA MTUS is not specific on the recommendations for prescribing of diclofenac. According to the ODG-TWC, pain section, diclofenac is not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%. As this medication is not recommended by the guidelines, the request is not medically necessary.

Omeprazole 20 MG #60: 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): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines, page 68, recommendation for Prilosec is for patients with risk factors for gastrointestinal events. Proton pump inhibitors may be indicated if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. In this case, the requested NSAID is not medically necessary and there is no documentation that the injured worker has a history or is at increased risk for gastrointestinal events. Therefore, based on the guidelines, the request is not medically necessary.

