

Case Number:	CM15-0198254		
Date Assigned:	10/13/2015	Date of Injury:	03/14/2015
Decision Date:	11/30/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/08/2015

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: Family Practice

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 45 year old female, who sustained an industrial injury on 3-14-15. Medical records indicate that the injured worker is undergoing treatment for low back pain and sciatic pain. The injured worker was working with modified duties. On (9-11-15) the injured worker complained of low back pain worse on the left side and into the buttock. Examination of the lumbar spine revealed tenderness to palpation over the lumbosacral spine. No significant paraspinal muscle spasm was noted. Range of motion was decreased and painful. A straight leg raise test was positive on the left. Treatment and evaluation to date has included medications, MRI of the lumbar spine (7-16-15) and physical therapy. Current medications include Diclofenac (since at least June of 2015) and Cyclobenzaprine as needed. The injured worker was noted to have some stomach upset, but no blood in the stools with the use of Diclofenac. The current requested treatments included Diclofenac 75 mg # 60 and Prilosec 20 mg # 60. The Utilization Review documentation dated 9-28-15 non-certified the requests for Diclofenac 75 mg # 60 and Prilosec 20 mg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 75 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/ Diclofenac.

Decision rationale: According to the MTUS guidelines, anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. In this case, the medical records indicate that the injured worker has been prescribed non-steroidal anti-inflammatory medications for an extended period of time, and there is no evidence of significant improvement in pain or function to support the continued use of Diclofenac. In addition, per ODG, Diclofenac is not recommended as a first line agent due to higher cardiovascular risk profile. There is no documentation in the medical records of trial and failure of first line anti-inflammatory agents. The request for Diclofenac 75 mg #60 is not medically necessary and appropriate.

Prilosec 20 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to the MTUS guidelines, proton pump inhibitors may be indicated for the following cases: (1) age greater than 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). In this case, the patient is noted to be a 45 -year-old. The request for non-steroidal anti-inflammatory diclofenac has not been deemed medically necessary and appropriate and there is no indication of history of peptic ulcer, gastrointestinal bleeding or perforation. Additionally, it should be noted that per guidelines long-term use of proton pump inhibitors leads to an increased risk of hip fractures. The request for Prilosec 20 mg #60 is not medically necessary and appropriate.