

Case Number:	CM15-0198371		
Date Assigned:	10/13/2015	Date of Injury:	03/18/2015
Decision Date:	12/16/2015	UR Denial Date:	10/02/2015
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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 59 year old female, who sustained an industrial injury on 3-18-15. The injured worker was diagnosed as having lumbar strain; neck pain associated with bilateral upper extremity paresthesia. Treatment to date has included acupuncture therapy; medications. Currently, the PR-2 notes dated 7-9-15 indicated the injured worker was in the office on this date as a follow-up. She complains of back and neck pain. The reports she is able to tolerate sitting, standing and walking tolerance does vary due to back pain and spasms along with neck pain. The provider notes he reviewed her MRI of the cervical and lumbar spine. He notes, "Based on patient's ongoing issues with ibuprofen has not been helpful or effective and also presents gastrointestinal discomfort. We will start her on Lyrica 50mg before bed for 5 days and then titrate to twice a day at 50mg. The goal is to improve her function with daily activities and work and reduce pain by 50%." His treatment plan indicated he wanted her to continue acupuncture. A Request for Authorization is dated 10-8-15. A Utilization Review letter is dated 10-2-15 and non-certification for Retrospective Diclofenac 100mg #60 (date of service 9-21-15) and Retrospective Omeprazole 20mg #60 (date of service 9-21-15). A request for authorization has been received for Retrospective Diclofenac 100mg #60 (date of service 9-21-15) and Retrospective Omeprazole 20mg #60 (date of service 9-21-15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Diclofenac 100mg #60 (DOS 09/21/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter, Diclofenac sodium.

Decision rationale: The patient presents with back and neck pain. The current request is for Retrospective Diclofenac 100mg #60 (DOS 09/21/2015). The treating physician states, in a report dated 09/21/15, "Diclofenac Sodium ER 100mg/60 tablets." ODG guidelines state, "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%." In this case, the treating physician, based on the records available for review, has failed to provide any justification for use of this specific drug when another NSAID may be effective. The current request is not medically necessary.

Retrospective Omeprazole 20mg #60 (DOS 9/21/2015): 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: The patient presents with back and neck pain. The current request is for Omeprazole 20mg #60 (DOS 09/21/2015). The treating physician states, in a report dated 09/21/15, "Omeprazole 20mg/60 tablets." The MTUS guidelines state Omeprazole is recommended with precautions, "(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)." Clinician should weigh indications for NSAIDs against GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events. In this case, there was no indication that the patient was at risk for gastrointestinal events nor was there any documentation of dyspepsia. The current request does not satisfy MTUS guidelines as outlined on pages 68-69. The current request is not medically necessary.