

Case Number:	CM15-0202074		
Date Assigned:	10/19/2015	Date of Injury:	10/03/2009
Decision Date:	12/03/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/14/2015

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: 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 35 year old male, who sustained an industrial injury on 10-3-2009. No clinical reports were provided from the date of service in question. The medical records indicate that the injured worker is undergoing treatment for myofascial pain syndrome, lumbar spine strain, and bilateral sacroiliac joint pain. The progress report dated 6-4-2015 is hand written and difficult to decipher. The injured worker presented with complaints of pain in the lumbar spine, associated with spasms. The physical examination reveals bilateral lumbar paraspinal muscle trigger points, decreased range of motion, and bilateral sacroiliac joint tenderness. The current medications are Omeprazole (since at least 4-23-2015), Flexeril, Neurontin, and Voltaren. Previous diagnostic testing includes MRI studies. Treatments to date include medication management. Work status is described as full duty. The original utilization review (10-7-2015) had non-certified a request for Omeprazole 20mg #100.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren XR 100mg, once daily: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, under Diclofenac.

Decision rationale: Based on appeal letter dated 09/15/15, the patient presents with lower back pain. The request is for VOLTAREN XR 100MG, ONCE DAILY. The request for authorization is not provided. Patient's diagnoses include myofascial pain syndrome; lumbar spine strain; bilateral SI joint pain. Patient has tenderness in the lumbar facet joints and a positive bilateral lumbosacral facet maneuver. Negative straight leg raises and has no acute neurological deficits including normal strength, sensation, and reflexes. Patient's medications include Fexmid, Omeprazole, Gabapentin, and Voltaren. The patient's work status is not provided. ODG-TWC, Pain (Chronic) Chapter, under Diclofenac states: "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%. For a patient who has a 5% to 10% risk of having a heart attack that is a significant increase in absolute risk, particularly if there are other drugs that don't seem to have that risk. For people at very low risk, it may be an option. (McGettigan, 2011)" Per appeal letter dated 09/15/15, treater's reason for the request is "to help with the inflammation in his lumbar spine." Review of provided medical records show the patient was prescribed Voltaren on 03/05/15. Given patient's diagnosis and continued symptoms, guidelines support the use of NSAIDs. However, ODG supports Voltaren when other NSAIDs have failed and the patient is at a very low risk profile. There is no evidence in provided medical records that other NSAIDs have been trialed and failed, nor has treater addressed patient's risk profile. The request does not meet guidelines indication. Therefore, the request IS NOT medically necessary.

Omeprazole 20mg, once daily #100: Overturned

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: Based on appeal letter dated 09/15/15, the patient presents with lower back pain. The request is for OMEPRAZOLE 20MG, ONCE DAILY #100. The request for authorization is not provided. Patient's diagnoses include myofascial pain syndrome; lumbar spine strain; bilateral SI joint pain. Patient has tenderness in the lumbar facet joints and a positive bilateral lumbosacral facet maneuver. Negative straight leg raises and has no acute neurological deficits including normal strength, sensation, and reflexes. Patient's medications include Fexmid, Omeprazole, Gabapentin, and Voltaren. The patient's work status is not provided. MTUS, NSAIDs, GI symptoms & cardiovascular risk Section, pg 69 states; "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine 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)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Per appeal letter dated 09/15/15,

treater's reason for the request is "The patient has an established history of having gastritis while taking NSAIDS alone. However, after starting his Omeprazole, his gastritis has been controlled while taking his Voltaren." Review of provided medical records show the patient was prescribed Omeprazole on 03/05/15. In this case, treater has documented GI assessment to warrant a prophylactic use of a PPI. Therefore, the request IS medically necessary.