

Case Number:	CM15-0203560		
Date Assigned:	10/19/2015	Date of Injury:	06/20/2011
Decision Date:	12/01/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/16/2015

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: Arizona, 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:

This is a 35 year old male with a date of injury of June 20, 2011. A review of the medical records indicates that the injured worker is undergoing treatment for Pin in shoulder joint, lumbar disc displacement without myelopathy, and sprain and strain of the neck. Medical records dated July 7, 2015 indicate that the injured worker complained of lower back pain with radiation to the lower extremities right greater than left, right shoulder pain, and depression. Records also indicate the injured worker complained of constipation, heartburn, and nausea. A progress note dated September 2, 2015 documented complaints of increasing radicular pain, lower back pain rated at a level of 8 to 9 out of 10 with radiation into the bilateral lower extremities, and that medications were not controlling the pain. Records also indicate the injured worker complained of constipation, heartburn, and nausea. The physical exam dated July 7, 2015 reveals an antalgic gait, normal muscle tone without atrophy in all extremities, full strength on all extremities, and spasm and guarding of the lumbar spine. The progress note dated September 2, 2015 documented a physical examination that showed no changes since the examination performed on July 7, 2015. There was no documentation of an abdominal examination in the submitted records. Treatment has included medications (Omeprazole and Diclofenac Sodium cream since at least July of 2015, Norco and Relafen), lumbar epidural steroid injection, sacroiliac joint injections, and physical therapy with temporary benefit. The original utilization review (September 15, 2015) non-certified a request for Omeprazole DR 20mg #60 and Diclofenac Sodium 1.5% cream 60gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR 20mg 1 tab every 12 hours #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 (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter and pg 116.

Decision rationale: According to the MTUS guidelines, Omeprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. The claimant had been on NSAIDs and Omeprazole for months without need for prolonged use of either medication. Therefore, the continued use of Omeprazole is not medically necessary.

Diclofenac Sodium 1.5% cream, three times a day 60gms #1: Upheld

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

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

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Diclofenac 1% is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does not have arthritis and long term use is not indicated. There are diminishing effects after 2 weeks. Topical NSAIDs can reach systemic levels similar to oral NSAIDs. The topical Diclofenac is not medically necessary. The claimant was on oral NSAIDs as well as opioids. Continued and chronic use of topical Diclofenac is not medically necessary.