

Case Number:	CM15-0204218		
Date Assigned:	10/22/2015	Date of Injury:	10/09/2014
Decision Date:	12/07/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/17/2015

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: Emergency Medicine

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 65 year old male, who sustained an industrial injury on 10-09-2014. A review of the medical records indicates that the worker is undergoing treatment for sciatic and left low back strain with left lower extremity L5 lumbar radiculopathy. Subjective complaints (06-08-2015) included 8 out of 10 low back pain radiating to the leg. Objective findings (06-08-2015) revealed mildly antalgic gait, positive Fabere's test on the left and hypesthesia of the left lower leg. Subjective complaints (07-09-2015 and 08-13-2015) included low back pain. The injured worker noted that he believed that ventral abdominal hernia may be recurring. Naproxen and Omeprazole were prescribed on 07-09-2015. On 08-13-2015 the injured worker reported gastroesophageal reflux disease with Naproxen. Objective findings (07-09-2015 and 08-13-2015) included decreased range of motion of the lumbar spine. On 08-13-2015, positive Fabere's on the left and bulging ventral hernia were also documented. Treatment has included Gabapentin, Naproxen, Omeprazole (since at least 07-09-2015) and hiatal hernia repair. The treatment plan included Gabapentin, Voltaren, pain management consult and re-evaluation for ventral abdominal hernia. A utilization review dated 09-25-2015 non-certified requests for Omeprazole 20 mg #120 (DOS 7-09-2015) and Voltaren 75 mg #120 (DOS 8-13-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Omeprazole 20mg #120 (DOS: 07/09/2015): 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: Omeprazole is a proton-pump inhibitor used for dyspepsia from NSAID use or gastritis/peptic ulcer disease. As per MTUS guidelines, PPIs may be used in patients with high risk for gastric bleeds or problems or signs of dyspepsia. Patient has dyspepsia and has increased risk for GI bleed due to age. Naproxen was approved by UR for unknown reason since patient has been on naproxen chronically and has side effects from it. However, since UR approved naproxen, a PPI is still indicated. However, this request for #120 tablets is not appropriate. It would give the patient 4months of medication for unknown reason. Patient should hopefully no longer be on NSAIDs by that time. Not medically necessary.

Retrospective Voltaren 75mg #120 (DOS: 08/13/2015): Upheld

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

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

Decision rationale: Voltaren is an NSAID. As per MTUS Chronic pain guidelines, NSAIDs are useful of muscularskeletal related pain. Due to side effects and risks of adverse reactions, MTUS recommends as low dose and short course as possible. Patient has chronically been on naproxen another NSAID. It is unclear why this was added on. Use of 2 NSAIDs especially chronic use is not warranted. Not medically necessary.