

Case Number:	CM15-0209768		
Date Assigned:	10/28/2015	Date of Injury:	11/17/2014
Decision Date:	12/10/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/26/2015

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: Preventive Medicine, Occupational 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 33 year old male, who sustained an industrial injury on 11-17-2014. The injured worker was being treated for cervicgia, lumbago, and thoracic pain. Treatment to date has included diagnostics, chiropractic, and medications. On 9-28-2015, the injured worker complains of pain in his neck, upper back, mid back, and lower back. Pain was associated with numbness, tingling, and weakness, and was constant. He also reported headaches. Pain was rated 9 out of 10 (unchanged from 7-27-2015), 6 at best and 10 at worst (7 at best and 10 at worst on 7-27-2015), with an average pain level of 7 in the past week (rated 6 on 7-27-2015). He avoided physically exercising, performing household chores, participating in recreation, and doing yard work due to pain, which was unchanged from 7-27-2015. Exam of the cervical spine noted tenderness to palpation over the bilateral superior trapezius and full range of motion.

Exam of the lumbar spine noted forward flexion to 60 degrees, extension 20, side bending 20 degrees on the right, and 30 degrees on the left. There was tenderness to palpation over the bilateral lumbar paraspinal muscles and positive lumbar facet loading maneuver bilaterally. Motor and sensory exams were intact. Medications included Tramadol, Diclofenac XR, and Omeprazole. The use of Diclofenac ER and Prilosec was noted since 5-27-2015.

Gastrointestinal complaints were not documented on 5-27-2015, 6-24-2015, 7-27-2015, or 9-28-2015. He reported that Diclofenac provided less pain and swelling, at least 50%, and functional improvement, including longer walking, sitting without changing position, and standing still. He reported improvement of stomach ache and heartburn with the use of Omeprazole, which allowed him to continue nonsteroidal anti-inflammatory drug use. Work status was modified

with restrictions and the treating provider documented that he was working. On 10-14-2015 Utilization Review non-certified a request for Diclofenac XR 100mg #30 and Omeprazole 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac XR 100mg #30: Upheld

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

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

Decision rationale: The use of NSAIDs are recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen, and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker has chronic injuries with no change in pain level and no acute injuries reported. The injured worker has been prescribed Diclofenac since 5-27-2015, which is not supported by the guidelines. The request for Diclofenac XR 100mg #30 is not medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter.

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

Decision rationale: Proton pump inhibitors, such as Omeprazole, are recommended by the MTUS Guidelines when using NSAIDs if there is a risk for gastrointestinal events. There is documentation that the injured worker has had a gastrointestinal event with the prior use of NSAIDs. However, the concurrent request for NSAIDs is not supported; therefore, there is no indication for the continued use of Omeprazole. The request for Omeprazole 20mg #60 is not medically necessary.