

Case Number:	CM15-0021033		
Date Assigned:	02/06/2015	Date of Injury:	04/17/2014
Decision Date:	04/01/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	02/04/2015

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, Arizona
 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 30-year-old male who reported an injury on 04/17/2014 due to repetitive lifting. On 12/16/2014, he presented for a followup evaluation regarding his work related injury. He reported back pain rated at a 7/10 but stated that frequently the level was a 9/10 to 10/10. He also reported neck pain at a 5/10 to 6/10 that was sharp in nature. A physical examination of the cervical spine showed normal lordosis and negative Spurling's, tenderness, or muscle spasm. Motor testing was a 5/5 and sensation was within normal limits. Range of motion was documented as flexion to chin to chest, extension to 30 degrees, right and left lateral bend to 30 degrees, and right and left rotation to 75 degrees. Left shoulder showed positive Neer's and Hawkins tests with 5/5 strength and range of motion that was within normal limits. The lumbar spine showed no tenderness, muscle spasms, or gait and posture abnormalities, with 5/5 muscle strength. He was able to walk on his tip toes and heels without difficulty and range of motion was documented as flexion to 60 degrees, extension to 30 degrees, and rotation and lateral bend were normal. He had a negative straight leg raise bilaterally in the supine and sitting positions and neurovascular status was intact in the bilateral upper extremities. He was diagnosed with low back pain, herniated disc in the lumbar spine, radiculitis of the lower extremities, left shoulder impingement syndrome, cervical strain, rule out disc herniation of the cervical spine, and radiculitis in the upper and lower extremities. The treatment plan was for the retrospective diclofenac XR 100 mg and omeprazole 20 mg prescribed on 12/16/2014. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS 12/16/14) Diclofenac XR 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

Decision rationale: The California MTUS Guidelines indicate that NSAIDs are recommended for the short term symptomatic relief of low back pain and osteoarthritis and tendinitis. The documentation provided does not indicate that the injured worker was having a quantitative decrease in pain or an objective improvement in function with the use of this medication to support its continuation. Also, further clarification is needed regarding how long the injured worker has been using this medication as it is only recommended for short term treatment. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, this request is not medically necessary.

Retrospective (DOS 12/16/14) Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs,GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS/GI Risks Page(s): 67-68.

Decision rationale: The California MTUS Guidelines indicate that proton pump inhibitors are recommended for the treatment of dyspepsia secondary to NSAID therapy and for those at high risk for gastrointestinal events due to NSAID therapy. The documentation provided for review does not indicate that the injured worker was at high risk for gastrointestinal events due to NSAID therapy or that he had reported dyspepsia or GI upset due to his medications. Without this information, the request would not be supported. Also, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.