

Case Number:	CM15-0022692		
Date Assigned:	02/12/2015	Date of Injury:	02/11/2006
Decision Date:	03/26/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/06/2015

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 45 year old male who sustained a work related injury on February 11, 2006, when he was involved in a motor vehicle accident working as a car salesman. He sustained multiple injuries to the lumbar spine and right shoulder. Treatment included multiple surgeries to the lumbar spine and right shoulder, physical therapy, Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), pain medications, epidural steroid injections and a chronic pain management program. He complains of numbness and tingling to the upper extremities. He was diagnosed with lumbar disc disease with herniation, spinal canal stenosis, neuropathy and radiculopathy. Currently, the injured worker complained of chronic pain radiating down the legs, muscle weakness, impaired balance and numbness and tingling radiating down both legs. On February 12, 2015, a request for one prescription of Diclofenac XR 100mg #60 dispensed December 15, 2014 and one prescription of Omeprazole 20mg #30 dispensed December 15, 2014 was non-certified by Utilization Review, noting the Medical Treatment Utilization Schedule Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac XR 100mg #60 (DOS: 12/15/2014): 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 Pg. 22, Anti-inflammatory medications Page(s): 22.

Decision rationale: The requested Diclofenac XR 100mg #60 (DOS: 12/15/2014) , is not medically necessary. California's Division of Worker's Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note. "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The injured worker has numbness and tingling to the upper extremities as well as chronic pain radiating down the legs, muscle weakness, impaired balance and numbness and tingling radiating down both legs. The treating physician has not documented current inflammatory conditions, derived functional improvement from its previous use nor hepatorenal lab testing. The criteria noted above not having been met, Diclofenac XR 100mg #60 (DOS: 12/15/2014) is not medically necessary.

Omeprazole 20mg #30 (DOS: 12/15/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69 Page(s): 68-69.

Decision rationale: The requested Omeprazole 20mg #30 (DOS: 12/15/2014) is not medically necessary. California's Division of Worker's Compensation Medical Treatment Utilization Schedule 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh 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)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors." The injured worker has numbness and tingling to the upper extremities as well as chronic pain radiating down the legs, muscle weakness, impaired balance and numbness and tingling radiating down both legs. The treating physician has not documented medication-induced GI complaints nor GI risk factors. The criteria noted above not having been met, Omeprazole 20mg #30 (DOS: 12/15/2014) is not medically necessary.