

Case Number:	CM15-0023806		
Date Assigned:	02/13/2015	Date of Injury:	05/31/2013
Decision Date:	03/26/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/09/2015

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:

The injured worker is a 56 year old female, who sustained an industrial injury on 5/31/2013. On 2/9/15, the injured worker submitted an application for IMR for review of Omeprazole 20mg, #30, and Diclofenac XR 100mg, #60. The treating provider has reported the injured worker complained of ongoing neck and back pain. The diagnoses have included right shoulder tendinitis, cervical strain with degenerative disc disease, and lumbar strain with degenerative disc disease. Treatment to date has included status post right ulnar nerve release and medial epicondylectomy, MRI lumbar (7/23/14), L4-L5 interlaminar lumbar epidural steroid injection (10/23/14), Sleep Study (9/22/14), medication. A progress note on 9/17/15 indicated the claimant had been on Celebrex with 8/10 pain. Recent clinical notes are not provided to indicate the need to change to another NSAID. There is no mention of prior GI complaints or bleeding disorders requiring the use of Omeprazole. On 1/9/15 Utilization Review non- certified Omeprazole 20mg, #30, and Diclofenac XR 100mg, #60. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac XR 100mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22,68.

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

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on other NSAIDs (Celebrex) for several months. There was no indication of Tylenol failure. No one NSAID is found superior to another in pain efficacy. Long-term NSAID use has renal and GI risks. The need for Diclofenac XR was not justified and prior failure on another NSAID does not indicate the claimant will respond to another NSAID. Continued use of Diclofenac is not medically necessary.

Omeprazole 20mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22,68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and PPI Page(s): 67.

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. Therefore, the continued use of Omeprazole is not medically necessary.