

Case Number:	CM15-0047774		
Date Assigned:	03/19/2015	Date of Injury:	06/14/2012
Decision Date:	05/01/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/13/2015

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: 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 40 year old male, who sustained an industrial injury on 6/14/12. The documentations noted on the PR2 were mostly hand written and difficult to decipher. The Qualified medical evaluator (QME) Re-Evaluation Report dated 11/18/2014 noted that the injured worker has complaints of in his lumbar spine and his bilateral wrists. The low back pain radiates down both lower extremities and the bilateral wrist pain has some numbness on the right, but admits has improved somewhat with the surgery on the right. The diagnoses have included lumbosacral sprain/strain with L5-S1 disc herniation and bilateral wrist/hand overuse injury with right de Quervain's status post release. The requested treatment is for diclofenac and prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac ER 100mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: This patient was injured at work on 06/14/2012. The patient receives treatment for chronic low back pain and bilateral wrist pain. Diclofenac ER 100 mg tablet is a slow release formulation of an NSAID. NSAIDs are not recommended for the long-term management of chronic low back pain. Studies fail to show benefit or control of pain better than safer alternatives, such as acetaminophen. NSAIDs are best employed to treat acute exacerbations of low back pain over a short duration, less than 3 weeks. Based on the documentation, diclofenac is not medically necessary.

Prilosec 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: This patient was injured at work on 06/14/2012. The patient receives treatment for chronic low back pain and bilateral wrist pain. Prilosec is a proton pump inhibitor (PPI), which may be medically indicated to prevent the gastrointestinal harm that some patients experience when taking NSAIDs. These adverse effects include GI bleeding or perforation. Patients over age 65, patients with a history of peptic ulcer disease, and patients taking aspirin are also at high risk. The documentation does not mention these risk factors. Prilosec is not medically necessary.