

Case Number:	CM15-0051855		
Date Assigned:	03/25/2015	Date of Injury:	01/18/2008
Decision Date:	05/01/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/19/2015

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: Ohio, North Carolina, Virginia
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 57 year old female, who sustained an industrial injury on 1/18/2008. The details of the initial injury were not documented in the medical records submitted for this review. Diagnoses include impingement syndrome of the shoulder, lateral epicondylitis of right elbow, cervical strain, lumbosacral strain, right thumb sprain and carpal tunnel syndrome. Treatments to date include mediation therapy, chiropractic therapy, and steroid injection to right wrist and elbow. Currently, she complained of back pain. She reported improvement with cortisone injection completed 12/3/14, in wrist and elbow symptoms. On 1/20/15, the physical examination documented elbow and wrist tenderness with positive Phalen's sign. The plan of care included continuation of medication therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60 with one refill (prescribed 1-20-15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms, and Cardiovascular Risk Page(s): 67-68.

Decision rationale: Proton pump inhibitors such as omeprazole may be added to NSAID therapy if the injured worker is at risk for gastrointestinal events such as gastric ulceration. Those risk factors include (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). Proton pump inhibitors may also be added if the injured worker has dyspepsia as a consequence of the NSAID therapy. In this instance, the injured worker would appear to possess none of the above risk factors for gastrointestinal ulceration. She does not report a history of adverse reactions to NSAID therapy. Therefore, Omeprazole 20 mg #60 with one refill is not medically necessary.

Diclofenac Sodium 50mg #60 with 2 refills (prescribed 01-20-15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac Sodium. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Diclofenac.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Chronic pain chapter. Diclofenac section.

Decision rationale: Diclofenac is not recommended as a first line NSAID due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%. For a patient who has a 5% to 10% risk of having a heart attack that is a significant increase in absolute risk, particularly if there are other drugs that don't seem to have that risk. For people at very low risk, it may be an option. In this instance, the medical record reveals that the injured worker previously was obtaining pain relief with the NSAID Naproxen on 4-5-2011 and with Ibuprofen as recently as 4-28-2014. Diclofenac was started for this injured worker on 10-10-2014. Because of the prior success with other NSAIDs, the medical necessity for Diclofenac Sodium 50 mg, #60 with 2 refills, is not medically necessary.