

Case Number:	CM15-0058170		
Date Assigned:	04/02/2015	Date of Injury:	09/10/2009
Decision Date:	05/05/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/26/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 62 year old female, who sustained an industrial injury on 09/10/2009. The initial complaints and diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, conservative therapies, psychotherapy, x-rays, MRIs, electrodiagnostic testing, sleep study, and injections. Currently, the injured worker complains of pain in the knees with shooting pain down the left lower extremity that is worse with prolonged walking. Other recent exams reported full body pain that is described as stabbing with numbness and tingling, and muscle spasms over full body. The injured worker reported that her symptoms were improved with aquatic therapy. The diagnoses include chronic neck pain with multilevel protrusions and degenerative disc disease of the cervical spine, cervical radiculopathy/neuropathic pain, bilateral shoulder strains, bilateral elbow lateral epicondylitis, clinical carpal tunnel syndrome, bilateral CMC joint arthrosis, chronic low back pain, herniated discs and degenerative disc disease of the lumbar spine, right meniscus tears and internal derangement, bilateral knee patellofemoral pain syndrome, and neuropathic pain in right lower extremity/radiculopathy. The treatment plan consisted of medications (including diclofenac and omeprazole), and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac XR 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 Page(s): 67.

Decision rationale: Diclofenac XR 100mg # 30 is not medically necessary. Per MTUS guidelines page 67, NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain so to prevent or lower the risk of complications associate with cardiovascular disease and gastrointestinal distress. The medical records do no document the length of time the claimant has been on Naproxen. Additionally, the claimant had previous use of NSAIDs. The medication is therefore not medically necessary.

Omeprazole 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 Page(s): 67.

Decision rationale: Omeprazole 20 mg # 30 is not medically necessary. CA MTUS does not make a direct statement on proton pump inhibitors (PPI) but in the section on NSAID use page 67. Long term use of PPI, or misoprostol or Cox-2 selective agents have been shown to increase the risk of Hip fractures. CA MTUS does state that NSAIDs are not recommended for long term use as well and if there possible GI effects of another line of agent should be used for example acetaminophen. Omeprazole is therefore, not medically necessary.