

Case Number:	CM15-0084893		
Date Assigned:	05/07/2015	Date of Injury:	05/30/2013
Decision Date:	06/09/2015	UR Denial Date:	05/03/2015
Priority:	Standard	Application Received:	05/04/2015

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: New York, Pennsylvania, Washington

Certification(s)/Specialty: Internal Medicine, Geriatric 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 72-year-old male patient who sustained an industrial injury on 05/30/2013. A recent visit dated 04/06/2015 reported the patient currently taking Flexeril, Omeprazole and Diclofenac. Objective findings showed the cervical spine with tenderness bilaterally along with tenderness of the spinous process at C4-7. He is diagnosed with pain in joint of shoulder, brachial neuritis or radiculitis, and sleep disturbance. The plan of care involved: scheduling a magnetic resonance imaging study and follow up in one month. Back on 03/18/2014 the patient was with subjective complaint of the shoulder is better now, but still with concern about the right foot and ankle pain. He has difficulty going up and down ladders, and walking long distances. He continues to have prolapse of the right arch, but better with foot orthotics. The primary pain in the right foot is in the ball of the foot. He was given metatarsal pads. Objective findings showed the same prolapse of the right arch and posterior tibial insufficiency of the right foot. He was given a neuro-sclerosing nerve block in the third interspace of the right foot. The patient is temporarily partially disabled with a modified work restriction. He is to follow up on 04/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium ER (extended release) 100 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 & 9792.26 Page(s): 66-73.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2013. Per the guidelines, in chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. Likewise, for the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. The medical records fail to document any improvement in pain or functional status or a discussion of side effects specifically related to NSAIDs to justify use. The medical necessity of diclofenac is not substantiated in the records.

Omeprazole DR (delayed release) 20 mg Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 & 9792.26 Page(s): 68-69.

Decision rationale: This worker has chronic pain with an injury sustained in 2013. The medical course has included use of several medications including NSAIDs. Omeprazole (Prilosec) is a proton pump inhibitor, which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. Per the guidelines, this would include those with: 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). The records do not support that the worker meets these criteria other than his age or is at high risk of gastrointestinal events to justify medical necessity of omeprazole.