

Case Number:	CM15-0087818		
Date Assigned:	05/12/2015	Date of Injury:	04/18/2013
Decision Date:	06/11/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/07/2015

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: Preventive Medicine, Occupational 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 49 year old female, who sustained an industrial injury on 4/18/2013. She reported injury from removing a mold from a machine. The injured worker was diagnosed as having cervical radiculopathy. Electromyography (EMG) /nerve conduction study (NCS) was within normal limits. Treatment to date has included 10 sessions of physiotherapy. In a progress note dated 4/10/2015, the injured worker complains of pain in the neck, right shoulder and right arm pain for 2 years. The treating physician is requesting Diclofenac Sodium DR 75 mg #60 and Omeprazole 30 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium DR 75 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68, 71. Decision based on Non-MTUS Citation FDA.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and hypertension Page(s): 69, 70.

Decision rationale: MTUS Guidelines have very specific recommendations regarding the use of NSAIDs in individuals with hypertension, which this patient is reported to have. These standards include baseline BP measurements, repeat BP measurements a few weeks after initiating an NSAID and frequent measurements thereafter. There is no baseline BP measurement and no plan for close follow up of BP soon after starting the Diclofenac. Under these circumstances, the Diclofenac Sodium DR 75mg #60 is not supported by Guidelines and is not medically necessary.

Omeprazole 30 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI symptoms Page(s): 68.

Decision rationale: The request for Omeprazole is in relationship to the planned use of Diclofenac. MTUS Guidelines do not recommend the routine use of proton pump inhibitors (Omeprazole) unless there are certain risk factors present or there are GI symptoms from use of a medication. These conditions are not documented to be present in this individual. These are not benign medications with long term use associated with increased fractures, lung infections and biological metal dysregulation. The Omeprazole 30mg. #60 is not supported by Guidelines and is not medically necessary.