

Case Number:	CM15-0093764		
Date Assigned:	05/20/2015	Date of Injury:	01/25/1994
Decision Date:	11/06/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/15/2015

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 53 year old male with an industrial injury dated 01-25-1994. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar failed back syndrome, muscle spasm, other acute pain, lumbar spine radiculopathy, fibromyalgia and myalgia. Treatment consisted of diagnostic studies, prescribed medications, trigger point injection on 7-8-2014 urine drug screens on (12-18-2012, 04-09-2013, 04-03-2015) and periodic follow up visits. Medical records (12-18-2012 to 04-03-2015) indicate ongoing low back pain and right leg pain. Documentation (04-03-2015) noted that the injured worker continues with current medications including Percocet which he reported provide him with pain relief and preservation of functional capacity. Review of gastro intestinal system noted that the injured worker denied nausea, constipation, or gastrointestinal upset. Objective findings (04-03-2015) revealed no acute distress and pain to palpitation over the lumbar facets and lumbar intervertebral spaces. Treatment plan consisted of medication management. Urine drug screen on 04-03-2015 was consistent for prescribed medications. The treating physician prescribed Omeprazole 20 Mg Capsule delayed release 2 capsule once a day prn for 30 days, dispense 60 capsule, refills 1, Voltaren 1 % Topical Gel 1 gram every 8 hours as needed for 30 days, dispense 5 tube, refills 1, Duexis 800 mg.-26.6 Mg. tablet 1 tablet three times a day as needed for 30 days, dispense 90 tablet, refills and One UDS (Urine Drug Screen), now under review. The original utilization review (04-20-2015) denied the request for Omeprazole 20 Mg Capsule delayed release 2 capsule once a day prn for 30 days, dispense 60 capsule, refills 1, Voltaren 1 % Topical Gel 1 gram every 8 hours as needed for 30 days, dispense 5 tube, refills 1, Duexis 800

mg.-26.6 Mg. tablet 1 tablet three times a day as needed for 30 days, dispense 90 tablet, refills and One UDS (Urine Drug Screen).

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 Mg Capsule delayed release 2 capsule once a day prn for 30 days, dispense 60 capsule, refills 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (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. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor omeprazole. Omeprazole 20 Mg Capsule delayed release 2 capsule once a day prn for 30 days, dispense 60 capsule, refills 1 is not medically necessary.

Voltaren 1 % Topical Gel 1 gram every 8 hours as needed for 30 days, dispense 5 tube, refills 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the Official Disability Guidelines, diclofenac is not recommended as first line 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%. Voltaren 1 % Topical Gel 1 gram every 8 hours as needed for 30 days, dispense 5 tube, refills 1 is not medically necessary.

Duexis 800 mg.-26.6 Mg. tablet 1 tablet three times a day as needed for 30 days, dispense 90 tablet, refills 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains no documentation of functional improvement. Guidelines recommend NSAIDs as an option for short term symptomatic relief. Duexis 800 mg.-26.6 Mg. tablet 1 tablet three times a day as needed for 30 days, dispense 90 tablet, refills 1 is not medically necessary.

One UDS (Urine Drug Screen): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

Decision rationale: The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. There is no documentation in the medical record that a urine drug screen was to be used for any of the above indications. Urine drug screen is not medically necessary.