

<b>Case Number:</b>	CM15-0237227		
<b>Date Assigned:</b>	12/14/2015	<b>Date of Injury:</b>	02/07/2014
<b>Decision Date:</b>	01/22/2016	<b>UR Denial Date:</b>	11/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2015

### 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: Texas, California  
 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:

This is a 30 year old female patient, who sustained an industrial injury on 2-7-14. The diagnoses include low back pain, clinically consistent radiculopathy, sacroiliitis, neck pain, clinically consistent cervical radiculopathy, anxiety and depression. The patient is currently working with restrictions. Per the doctor's note dated 10-14-15, she complained of low back pain which radiated to the left thigh and groin with occasional radiation to the left knee. The patient also noted that the pain was so severe in the morning that it causes nausea. The pain was rated 8 out of 10 on the visual analog scale. The patient also had severe reflux associated with Ibuprofen, therefore ibuprofen was discontinued. Objective findings revealed tenderness over the lumbar facet joints and in the left posterior superior iliac spine, spasms noted in the lumbar paraspinal muscles, positive Patrick test on the left. Current medications include Tramadol, Voltaren gel and omeprazole (since at least June of 2015). The treating physician started the patient on Voltaren gel and Tramadol instead of anti-inflammatory medications which caused reflux and increased the patient's omeprazole to two tablets daily. Treatment and evaluation to date has included medications, MRI of the lumbar spine on 11/5/14, Toradol injections, a transcutaneous electrical nerve stimulation unit, psychotherapy and physical therapy. The current treatment requests include Omeprazole 20mg every 12 hours #60 and Voltaren gel 1% apply 2-4 grams four times a day #1. The Utilization Review documentation dated 11-23-15 non-certified the requests for Omeprazole 20mg every 12 hours #60 and Voltaren gel 1% apply 2-4 grams four times a day #1.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Omeprazole 20mg po Q12Hrs #60: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter.

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

**Decision rationale:** Omeprazole 20mg po Q12Hrs #60 Omeprazole is a proton pump inhibitor. Per the CA MTUS NSAIDs guidelines cited above, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events. Patients at high risk for gastrointestinal events. Treatment of dyspepsia secondary to NSAID therapy." Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when: "(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)." Per the records provided, the patient had nausea due to severe pain. The patient also had severe reflux associated with Ibuprofen. Use of a PPI like prilosec is recommended in such a patient. The request for Omeprazole 20mg po Q12Hrs #60 is medically necessary for this patient.

### **Voltaren Gel 1% apply 2-4 gms QID #1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 01/12/16), Voltaren Gel (diclofenac).

**Decision rationale:** Voltaren Gel 1% apply 2-4 gms QID #1. The cited Guidelines regarding topical analgesics state, "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Voltaren Gel 1% (diclofenac): Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder." The cited guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of an anticonvulsant and antidepressant is not specified in the records provided. In addition, per the ODG cited above Voltaren Gel is "Not recommended as a first-line treatment. See Diclofenac Sodium (Voltaren), where Voltaren Gel is recommended for osteoarthritis after failure of an oral NSAID, or contraindications to oral NSAIDs, or for patients who cannot swallow solid oral dosage forms, and after considering the increased risk profile with Diclofenac, including topical formulations." Intolerance or contraindication to oral medications (other than NSAID) is not specified in the

records provided. The request for Voltaren Gel 1% apply 2-4 gms QID #1 is not medically necessary.