

Case Number:	CM14-0125057		
Date Assigned:	08/11/2014	Date of Injury:	08/19/2013
Decision Date:	10/14/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/07/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 61-year-old female who has submitted a claim for lumbosacral neuritis associated with an industrial injury date of 08/19/2013. Medical records from 2014 were reviewed, which showed that the patient complained of lumbar pain radiating to left lower extremity. There is associated numbness and tingling in the left lower extremity. Patient also complains of acid reflux associated with prior NSAID use. Physical examination revealed limited range of motion for the lumbar spine. There is slightly decreased sensation and strength in the left lower extremity. The rest of the more recent physical examination results are handwritten and illegible. Treatment to date has included acupuncture, physical therapy and oral medications such as Omeprazole (since July 2014), Naproxen, and Voltaren tablet (since July 2014). Utilization review from 07/28/2014 modified the request for Omeprazole 20mg #100 to #30 to comply with referenced guideline recommendations. The same review denied the request for Voltaren XR 100mg #100 because the patient is concurrently prescribed with Naproxen and there is no documented medical necessity for two concurrent NSAIDs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #100: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: According to page 68 of the CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are recommended for patients at intermediate risk for gastrointestinal events. Risk factors for gastrointestinal events include age greater than 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulants; or high dose/multiple NSAID. In this case, Omeprazole was being prescribed since at least July 2014 to treat symptoms of acid reflux. Furthermore, the records also showed that the patient was concurrently taking an NSAID, Naproxen 550 mg twice a day. This places the patient at intermediate risk for gastrointestinal events. Given that the patient is having symptoms of acid reflux and at intermediate risk for further GI events, intake of proton pump inhibitor would prove to be useful for the patient. The medical necessity has been established. Therefore, the request for Omeprazole 20 mg #100 is medically necessary.

Voltaren XR 100mg # 100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 46.

Decision rationale: As stated on page 46 of the California MTUS Chronic Pain Medical Treatment guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. In this case, the patient has been prescribed with Voltaren since July 2014 to treat for complaints of back pain radiating to left lower extremity. However, the patient is concurrently prescribed with another NSAID, Naproxen, to treat for the same pain complaint. The medical necessity for Voltaren was not established. There is no discussion as to why two NSAIDs should be prescribed in this case. Therefore, the request for Voltaren XR 100 mg #100 is not medically necessary.