

<b>Case Number:</b>	CM14-0147912		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	12/20/2003
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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 Physical Medicine & Rehabilitation, and is licensed to practice in Nevada. 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 records presented for review indicate that this 57-year-old gentleman was reportedly injured on December 20, 2003. The most recent progress note, dated June 10, 2014, indicates that there are ongoing complaints of pain and swelling at the dorsal aspect of a right wrist. The physical examination demonstrated tenderness over the trapezial and paracervical muscles. There was decreased cervical spine range of motion secondary to pain. Examination of the left shoulder indicated mild stiffness with range of motion. There was a positive Tinel's test at the left cubital tunnel and a negative Tinel's and Phalen's tests at the wrists bilaterally. A 1.5 cm cystic mass was noted at the dorsal aspect of the right wrist. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes oral and topical medications. A request had been made for Voltaren 100 mg and omeprazole 20 mg and was not certified in the pre-authorization process on August 20, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren 100mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 71, 112.

**Decision rationale:** Voltaren (Diclofenac) is a nonselective NSAID not recommended for first-line use due to its increased risk profile. Evidence-based studies are available evidencing that Diclofenac poses equivalent risk of cardiovascular events to patients as did Vioxx (a Cox 2 inhibitor that was taken off the market due to these effects). For this reason, it is recommended that providers avoid Diclofenac as a first-line non-steroidal anti-inflammatory medication. There is no indication in the record that the injured employee has failed a course of first-line NSAID medications. In the absence of such documentation, this request for Voltaren 100 mg is not medically necessary.

**Omeprazole 20mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** Prilosec (Omeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. There is no indication in the record provided of a G.I. disorder. Additionally, the injured employee does not have a significant risk factor for potential G.I. complications as outlined by the MTUS. Therefore, this request for Omeprazole is not medically necessary.