

Case Number:	CM14-0155969		
Date Assigned:	09/25/2014	Date of Injury:	03/10/2010
Decision Date:	10/27/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/23/2014

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 Preventive 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:

According to the records made available for review, this is a 61-year-old female with a 3/10/10 date of injury and status post right shoulder arthroscopy 7/16/14. At the time (7/22/14) of request for authorization for Diclofenac XR and Omeprazole 20mg #60, there is documentation of subjective (chronic moderate to severe neck and back pain with shooting pain down the upper and lower extremities) and objective (tenderness in the paralumbar musculature with spasms, painful lumbar range of motion; limited motion and strength of the right shoulder; tenderness over the right lateral epicondyle, right elbow pain with resisted wrist flexion, and right elbow pain with pronation and supination) findings, current diagnoses (right shoulder status post arthroscopy, cervical strain, multilevel disc herniation and degenerative disc disease of the cervical spine, erosion capitellum of the right elbow, right elbow lateral epicondylitis, low back pain, and multilevel disc herniation and degenerative disc disease of the lumbar spine), and treatment to date (ongoing NSAID (Diclofenac) therapy with pain relief and functional improvement). Medical report identifies a request for Omeprazole for prophylaxis of NSAID-induced gastritis. Regarding Diclofenac XR, there is no documentation of Diclofenac used as second line NSAID therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac XR: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Diclofenac sodium Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that Diclofenac is not used as first line NSAID therapy due to increased risk profile. Within the medical information available for review, there is documentation of diagnoses of right shoulder status post arthroscopy, cervical strain, multilevel disc herniation and degenerative disc disease of the cervical spine, erosion capitellum of the right elbow, right elbow lateral epicondylitis, low back pain, and multilevel disc herniation and degenerative disc disease of the lumbar spine. In addition, there is documentation of chronic low back pain. Furthermore, given documentation of ongoing treatment with Diclofenac with pain relief and functional improvement, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use Diclofenac. However, there is no documentation of Diclofenac used as second line NSAID therapy. Therefore, based on guidelines and a review of the evidence, the request for Diclofenac XR is not medically necessary.

Omeprazole 20mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of risk for gastrointestinal events and preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Omeprazole. Within the medical information available for review, there is documentation of diagnoses of right shoulder

status post arthroscopy, cervical strain, multilevel disc herniation and degenerative disc disease of the cervical spine, erosion capitellum of the right elbow, right elbow lateral epicondylitis, low back pain, and multilevel disc herniation and degenerative disc disease of the lumbar spine. In addition, given documentation of chronic NSAID therapy and a request for Omeprazole for prophylaxis against NSAID-induced gastritis, there is documentation of risk for gastrointestinal events and preventing gastric ulcers induced by NSAIDs. Therefore, based on guidelines and a review of the evidence, the request for Omeprazole 20mg #60 is medically necessary.