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| Case Number: | CM14-0162588 | | |
| Date Assigned: | 10/07/2014 | Date of Injury: | 08/05/2013 |
| Decision Date: | 11/13/2014 | UR Denial Date: | 09/24/2014 |
| Priority: | Standard | Application Received: | 10/03/2014 |

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 Occupational 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:

This is a 37-year-old male with an 8/5/13 date of injury. The mechanism of injury occurred when he fell off a ladder approximately 5 feet and landed onto his lower back. According to a progress report dated 10/1/14, the patient rated his lower backache with medications as 6/10 and without medications as 9/10. He stated that he could walk 40 minutes with medications, compared to 25 minutes without medications. His side effects of constipation and heartburn are well managed with Colace and omeprazole. With Norco, the patient reported diminished pain relief close to bedtime, and it permits improved function and sleep. He reported not waking at night and he is not drowsy the following day where he can take care of household duties. With diclofenac, he reported that his pain level reduced to a 5/10 with use primarily during the daytime as he does not experience drowsiness with this medication. He stated that omeprazole is helpful in controlling his acid reflux. Objective findings: hypertonicity and spasm noted on both sides of paravertebral muscles, restricted lumbar spine range of motion, positive lumbar facet loading, restricted range of motion of right shoulder, light touch sensation decreased over left lateral foot and calf. Diagnostic impression: backache, shoulder pain. Treatment to date: medication management, activity modification, physical therapy, epidural steroid injection. A UR decision dated 9/24/14 modified the request for Norco from 90 tablets to 68 tablets for weaning purposes and denied the requests for diclofenac and omeprazole. Regarding Norco and diclofenac, the patient reported no improvement in pain with the medication regimen on 8/27/14, and the available documentation showed that the patient's work restrictions have not been reduced since December 2013. Regarding omeprazole, since the requested NSAID was non-certified, the patient should no longer be at risk for dyspepsia secondary to NSAID use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the present case, the patient rated his lower backache with medications as 6/10 and without medications as 9/10. He stated that he could walk 40 minutes with medications, compared to 25 minutes without medications. His side effects of constipation and heartburn are well managed with Colace and omeprazole. With Norco, the patient reported diminished pain relief close to bedtime, and it permits improved function and sleep. He reported not waking at night and he is not drowsy the following day where he can take care of household duties. Guidelines support the continued use of opioid medications when there is documented pain relief and functional improvement. Therefore, the request for Norco 10/325mg #90 was medically necessary.

Diclofenac Sodium EC 25mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac (Voltaren).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. However, ODG states that Voltaren 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. However, in the present case, this patient has been taking diclofenac since at least 3/12/14. ODG states that NSAIDs are recommended for acute pain, acute LBP, short-term pain relief in chronic LBP, and short-term improvement of function in chronic LBP. There is no evidence of long-term effectiveness for pain or function. In addition, there is no documentation as to why this patient requires this particular NSAID, which has an increased risk profile. Therefore, the request for Diclofenac Sodium EC 25mg #30 was not medically necessary.

Omeprazole DR 20mg #30: Upheld

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 Page(s): 68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Omeprazole)

Decision rationale: CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Omeprazole is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. In the present case, this patient has been taking omeprazole for prophylaxis from gastrointestinal adverse effects of NSAID use. However, the initial request for the NSAID, diclofenac, was not found to be medically necessary, this associated request cannot be substantiated. Therefore, the request for Omeprazole DR 20mg #30 was not medically necessary.