

Case Number:	CM14-0094335		
Date Assigned:	07/25/2014	Date of Injury:	04/16/2012
Decision Date:	09/22/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/23/2014

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 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 22-year-old female with a 4/16/12 date of injury. The patient twisted her lower back and injured her wrists while trying to catch a falling patient. According to a progress report dated 3/25/14, the patient stated that she had continued lower back pain. Objective findings: muscle spasming in the paralumbar musculature, restricted ROM of lumbar spine, positive Phalens test, positive Tinels test, positive median nerve compression test. Diagnostic impression: L4-5 broad based disc protrusion, disc dessication lumbar spine, S1 joint synovitis, low back pain, bilateral wrist strain, resolved. Treatment to date: medication management activity modification, physical therapy. A UR decision dated 6/5/14 denied the requests for Omeprazole 20 mg #30, Tramadol ER 150 mg #60, and Diclofenac XR 100 mg #60. Regarding Omeprazole, the documentation did not show evidence of immediate gastrointestinal issues. Regarding Tramadol ER, the clinical documentation submitted for review does not show a decrease in pain or an increase in the patient's function. The documentation did not indicate whether the patient was having side effects and a urine drug screen was not submitted to show adherence to the medication. Regarding Diclofenac XR, the documentation did not show evidence of an improvement in pain as the physician's progress report dated 12/31/13 indicated the patient was having worsening back pain?

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg, #30 (To Reduce NSAID Gastritis Prophylaxis): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 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. The patient has been utilizing Omeprazole as a prophylactic medication for Diclofenac. However, since Diclofenac is not found to be medically necessary, this associated request cannot be substantiated. Therefore, the request for Omeprazole 20mg, #30 (To Reduce NSAID Gastritis Prophylaxis) is not medically necessary.

Tramadol ER 150mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 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 reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, or CURES monitoring. Furthermore, a urine drug screen dated 3/25/14 was inconsistent for Tramadol. There is no documentation that the provider has addressed this issue. Therefore, the request for Tramadol ER 150mg, #60 is not medically necessary.

Diclofenac XR 100mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, NSAIDs Page(s): 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 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. There is no documentation that the patient has had a trial of a first-line NSAID. A specific rationale identifying why Diclofenac XR is required in this patient despite lack of guideline support was not provided. Therefore, the request for Diclofenac XR 100mg, #60 is not medically necessary.

