

Case Number:	CM14-0214944		
Date Assigned:	02/05/2015	Date of Injury:	11/16/2011
Decision Date:	03/30/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 35-year-old female who reported an injury on 11/16/2011. The mechanism of injury was not stated. The current diagnoses include low back pain, herniated lumbar disc, right lower extremity radiculitis, headaches, and depression. The injured worker presented on 11/25/2014 for a followup evaluation with complaints of significant pain in the low back. The injured worker also reported activity limitation. Upon examination, there was positive tenderness in the parathoracic musculature, 5/5 motor strength, limited range of motion with pain, and positive straight leg raise. Recommendations included continuation of ondansetron 4 mg, omeprazole 20 mg, a lumbar epidural steroid injection, electrodiagnostic testing of the bilateral lower extremities, and a Functional Capacity Evaluation. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac XR 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in injured workers with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. There was no indication that this injured worker was suffering from an acute exacerbation of chronic pain. There is no documentation of a failure of first line treatment with acetaminophen. Guidelines do not recommend long term use of NSAIDs. There is no frequency listed in the request. As such, the request is not medically appropriate.

Omeprazole 20mg #60: Upheld

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

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

Decision rationale: California MTUS Guidelines state proton pump inhibitors are recommended for injured workers at intermediate or high risk for gastrointestinal events. Injured workers with no risk factors and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. There was no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.