

<b>Case Number:</b>	CM14-0218333		
<b>Date Assigned:</b>	01/08/2015	<b>Date of Injury:</b>	02/12/2014
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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

Certification(s)/Specialty: Family Practice

### 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 injured worker is a 50 year old male who sustained a work related injury while working as a manager on February 12, 2014. The mechanism of injury was a slip and fall injuring his neck right shoulder, right arm, right hand, right knee and upper and lower back. The office note dated 10/03/2014 revealed the injured worker had post-traumatic stress disorder since the injury. The injured worker had continued shoulder pain and wrist pain with difficulty typing and difficulty lifting with his right upper extremity. The electrodiagnostic studies were noted to be within normal limits and the MRI of the lumbar spine revealed degenerative disc disease at L4-5 with disc osteophytes. The physical examination revealed tenderness over the paracervical musculature, resisted abduction strength of the right shoulder was 4/5 and resisted external strength was 4/5. The injured worker had pain with resisted long finger extension. The injured worker had pain with resisted wrist flexion and tenderness over the lateral epicondyle of the right elbow. The examination of the right wrist revealed pain with resisted pronation and flexion of the wrist and extension of the wrist. The diagnoses included status post open reduction internal fixation of a right possible humerus 4 part fracture, frozen right shoulder, tennis elbow right, right wrist tendonitis, rule out internal derangement. The treatment plan included a refill of diclofenac XR 100 mg for anti-inflammatory and omeprazole 20 mg #60 reduce NSAID for gastritis prophylaxis. The documentation indicated the injured worker had functional improvement in pain relief and relief from gastritis. There was no request for authorization submitted for review. The current documentation dated November 7, 2014 notes that the injured worker reported severe right wrist pain rated at a ten out of ten on the Visual Analogue Scale.

The injured workers right shoulder continues to improve. Prior treatment includes physical therapy and a home exercise program. Physical examination of the cervical spine revealed tenderness over the paracervical musculature. There was also tenderness noted on the greater tuberosity of the left shoulder, lateral epicondyle of the right elbow and right medial and lateral knee. The injured worker underwent a right shoulder open reduction and internal fixation of the right humerus on February 13, 2014. He also had an MRI of the right wrist performed on October 21, 2014 which revealed carpal tunnel syndrome and tears in the radiolunate ligament and triangular fibrocartilage complex at the ulnar insertion. Current medication includes Diclofenac and Cyclobenzaprine. Diagnoses include cervical radicular pain, post traumatic stress disorder, severe anxiety and severe depression. The treating physician requested retrospective Diclofenac 100 mg # 60 and retrospective Omeprazole 20 mg # 60. Utilization Review evaluated and denied the requests on December 4, 2014. Based on the CA MTUS Chronic Pain Medical Treatment Guidelines the medical necessity of the requests was not established.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Retrospective Diclofenac XR 100mg, #60 (DOS: 10/3/14): Upheld**

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

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

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend NSAIDs for the short term symptomatic relief of pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had functional improvement and a relief in pain. However, there was a lack of documentation of objective functional improvement and an objective decrease in pain. Additionally, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for retrospective diclofenac XR 100 mg #60 date (DOS: 10/03/2014) is not medically necessary.

#### **Retrospective Omeprazole 20mg, #30 (DOS: 10/3/14): Upheld**

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

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

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines indicate proton pump inhibitors are recommended for injured workers at intermediate or high risk for

gastrointestinal events. The clinical documentation submitted for review indicated the injured worker had relief of gastritis with the medication. This medication would be supported. However, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for retrospective omeprazole 20 mg #30 (DOS: 10/03/2014) is not medically necessary.