

<b>Case Number:</b>	CM15-0002297		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	11/18/2007
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

### 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 55-year-old female who reported injury on 11/19/2007. The mechanism of injury was not provided. The specific surgical history was not provided. The diagnostic studies were not provided. Prior treatments included a home exercise program, TENS unit, and paraffin wax. The injured worker's medications included tramadol/APAP 37.5/325 mg, Terocin cream and diclofenac ER 100 mg tablets as of at least 06/2014. Additional medications as of October included omeprazole. The documentation of 12/20/2014 revealed the injured worker had right wrist and ankle pain intermittently. The injured worker was noted to be utilizing a wrist and ankle brace as needed. The injured worker indicated there were no side effects. The stomach was well controlled with omeprazole 20 mg with no hemoptysis. The injured worker was working part time. The injured worker denied new symptoms since the last visit. The injured worker had decreased range of motion of the right wrist and ankle. Diagnoses included status post surgery 2011 right wrist, right ankle sprain, plantar fasciitis, lumbar disc degenerative disease, myofascial pain and lumbosacral or thoracic radiculitis unspecified and tenosynovitis of the foot/ankle. The treatment plan included a refill of the diclofenac ER 100 mg by mouth daily, omeprazole 20 mg 1 by mouth twice a day and tramadol/APAP 37.5/325 mg 1 by mouth 3 times a day as needed. There was a Request for Authorization submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac ER 100MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS  
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**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 utilized the medication since at least 06/2014. There was a lack of documentation of objective functional improvement and an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for diclofenac ER 100 mg #60 is not medically necessary.

**Omeprazole 20MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS  
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**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines indicate that 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 was not having hemoptysis and that her stomach was well controlled with the medication. This medication would be supported; however, there was a lack of documentation per the submitted request indicating the frequency for the requested medication. Additionally, as the request for diclofenac ER 100 mg was found to be not medically necessary, the request for omeprazole 20 mg #60 is not medically necessary.