

Case Number:	CM15-0016269		
Date Assigned:	02/04/2015	Date of Injury:	02/24/2013
Decision Date:	04/14/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/28/2015

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

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 49 year old male, who sustained a work/ industrial injury on 2/24/13. He has reported symptoms of lower back pain that shoots down bilateral lower extremities (R>L). Prior medical history included diabetes mellitus. The diagnoses have included L5-S1 radiculopathy, L5 radicular pain. Treatment to date has included medication. Psychotherapy, physical therapy, and acupuncture were planned. Per treating physician's evaluation on 1/29/15, the IW complained of sharp intermittent pain with dull constant pain in the low back radiating to the left leg, greater on the right, with associated numbness and tingling. Sensation was decreased to the right lateral calf compared to the left corresponding with L5 distribution. Medications included Nortriptyline, Diclofenac, Metformin, and Omeprazole. The treating physician prescribed Diclofenac XR and Omeprazole with request for renewal. On 1/8/15, Utilization Review non-certified Diclofenac XR 100 mg #60 (DOS: 12/2/14) and Omeprazole 20 mg #30 (DOS: 12/2/14), noting the California Medical treatment Utilization Schedule (MTUS) Guidelines and Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac XR 100mg #60 DOS: 12/02/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal Anti-Inflammatory Drugs (NSAIDs), Osteoarthritis (including knee & hip).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

Decision rationale: The injured worker is being treated for aggravation of bilateral L4 lumbar radiculopathy secondary to lumbar disc herniation. He was initially started on nortriptyline 50 mg. Repeat lumbar epidural and spine surgical intervention is planned. Upon follow-up visit diclofenac XR 100 mg is prescribed for anti-inflammatory effect and omeprazole 20 mg for gastritis prophylaxis was added to her pain regimen. Although there is documented improvement from past lumbar epidural steroid injections, pharmacologic medications have not shown significant pain improvement. MTUS guidelines recommend NSAIDs as an option for short-term symptomatic relief of chronic low back pain. The request as indicated is not for short-term symptomatic relief. Furthermore, there is inadequate documentation of significant clinical response. Therefore, request for diclofenac 100 mg is not medically necessary

Omeprazole 20mg #30 DOS: 12/02/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

Decision rationale: The injured worker is being treated for aggravation of bilateral L4 lumbar radiculopathy secondary to lumbar disc herniation. He was initially started on nortriptyline 50 mg. Repeat lumbar epidural and spine surgical intervention is planned. Upon follow-up visit diclofenac XR 100 mg for anti-inflammatory effect and omeprazole 20 mg for gastritis prophylaxis was added to her pain regimen. Although there is documented improvement from past lumbar epidural steroid injections, pharmacologic medications have not shown significant pain improvement. With regards to request for omeprazole, in patients with intermediate risk for gastrointestinal events, a nonselective NSAID with a proton pump inhibitor is recommended. The injured worker does not present with risks for gastrointestinal events such as age, peptic ulcer disease or concurrent use of an anticoagulant. In addition, in the case of this injured worker, continued use of diclofenac does not provide adequate support for medical necessity. Therefore request for omeprazole is not medically necessary.