MAXIMUS Federal Services

Case Number:	CM15-0111210		
Date Assigned:	06/17/2015	Date of Injury:	11/15/2013
Decision Date:	07/16/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/09/2015

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 46 year old female, who sustained an industrial injury on 11/15/2013. The injured worker reported a fall resulting in pain in the neck, right shoulder, right arm, both hands, wrists, lower back and left knee. On provider visit dated 04/14/2015 the injured worker has reported neck pain, lower back ache, and right shoulder pain, right elbow pain, right wrist pain, left wrist pain, right hand pain, left hand pain, and left knee pain. On examination of the cervical spine there was noted tenderness and myospasm palpable over the bilateral paracervical muscles and bilateral trapezius muscles with a decreased range of motion due to neck pain. Lumbar spine was noted to have tenderness and myospasm palpable over the left paralumbar muscle. There was a decreased range of motion as well. Due to back pain. There was also tenderness over the lumbar paravertebral muscle as well as spasms noted. The following areas were also noted to have tenderness and a decreased range of motion: right shoulder, right elbow, right wrist, left wrist, right hand, left hand and left knee. The diagnoses have included cervical radiculopathy, cervical sprain/strain, lumbar sprain/strain, right shoulder sprain/strain, right elbow sprain/strain, right wrist sprain/strain, left wrist sprain/strain, right and left hand sprain/ strain. Treatment to date has included laboratory studies, diagnostic studies and medication. The provider requested Diclofenac (for pain and inflammation) and Prilosec (for GI symptoms related to NSAID medication use).

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68, 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page 22.

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk of hip fractures. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic injury nor have they demonstrated any functional efficacy derived from treatment already rendered. The Diclofenac 100mg #60 is not medically necessary and appropriate.

Prilosec/Omeprazole 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk, Pages 68-69.

Decision rationale: Prilosec (Omeprazole) medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The Prilosec/Omeprazole 20mg #60 is not medically necessary and appropriate.