

Case Number:	CM15-0111648		
Date Assigned:	06/18/2015	Date of Injury:	02/25/2013
Decision Date:	07/30/2015	UR Denial Date:	05/11/2015
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: Emergency 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 44 year old female, who sustained an industrial injury on 2/25/13. Initial complaints were not reviewed. The injured worker was diagnosed as having pain in joint of shoulder right; status post elbow arthroscopy. Treatment to date has included acupuncture; physical therapy; medications. Diagnostic studies included a MRI of the right shoulder without contrast (7/18/14). Currently, the PR-2 notes dated 10/6/14 indicated the injured worker was in this office as a follow-up visit. She complains of right upper extremity pain and right shoulder pain. She rates this pain as 8/10 and it is characterized as aching and sharp. It radiates to the right arm, right shoulder and right hand. She reports the medications are helping as her pain symptoms are adequately managed. Her quality of sleep is reported as poor and experiencing some depressive symptoms as well as irritated, lack of concentration, feels fatigued and reduced energy levels. On physical examination, the right shoulder notes restricted movements with flexion limited to 120 degrees; abduction to 90 degrees, Neer's test positive. She has tenderness on palpation in the acromioclavicular joint, coracoid process and glenohumeral joint. The right elbow has painful range of motion with flexion, extension, pronation, and supination. Motor testing is limited due to pain. The provider's has requested authorization of Diclofenac 100mg #60 and Omeprazole 200mg #60.

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 non-steroidal anti-inflammatory drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: Diclofenac is an NSAID. As per MTUS Chronic pain guidelines, NSAIDs are useful of osteoarthritis related pain. Due to side effects and risks of adverse reactions, MTUS recommends as low dose and short course as possible. Patient has been on various NSAIDs chronically for a year with no documentation of any benefit. Chronic use of NSAIDs are not recommended due significant long term side effects. Just changing types of NSAIDs does not decrease these risks of side effects. Diclofenac is not medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

Decision rationale: Omeprazole/Prilosec is a proton-pump inhibitor (PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. As per MTUS guidelines, PPIs may be recommended in patients with dyspepsia or high risk for GI bleeding on NSAID. Patient is currently on diclofenac but in this review on UR, it is not medically recommended. There are no dyspepsia complaints. Patient is not high risk for GI bleeding. Since NSAIDs are not recommended in this patient, Prilosec/Omeprazole is not medically necessary.