

Case Number:	CM15-0121792		
Date Assigned:	07/02/2015	Date of Injury:	04/18/2014
Decision Date:	08/04/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/23/2015

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: 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:

The injured worker is a 40 year old male who sustained a work related injury April 18, 2014. While reaching overhead to grab objects, he lost his footing, dropping a heavy object onto his right hand which fractured his finger and caused pain in his right shoulder. An MRI of the right shoulder, dated March 10, 2015, (report present in the medical record) revealed a partial thickness tear of the infraspinatus with fluid tracking proximally to the myotendinous junction, partial thickness tear of the supraspinatus, and osteoarthritis of the AC (acromioclavicular) joint with moderate capsular bulge and inflammation. According to a primary treating physician's progress report, dated May 21, 2015, the injured worker presented with complaints of right hand pain and swelling and right shoulder pain. The right fingers are noted to be minimally better. Objective findings included; pain tenderness and swelling of the right hand without redness or ecchymosis. Right shoulder examination; abduction 100/170, flexion 100/160, internal rotation 40/70, external rotation 40/90, extension and adduction 10/30. There is pain and spasms of the right shoulder with decreased range of motion. Right wrist examination; dorsiflexion 60/75, palmar flexion 40/70. Diagnoses are sprain/strain right forearm; fracture of 4th right metatarsal; pain of right hand/right wrist/right forearm; muscle spasm of right wrists/hand/forearm. At issue, is the request for authorization for Diclofenac and Omeprazole. The injured worker is noted to have gastritis with non-steroidal anti-inflammatory medication use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 100mg quantity 60.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 21-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Diclofenac.

Decision rationale: According to the MTUS guidelines, 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. In this case, the medical records indicate that the injured worker has been prescribed non-steroidal anti-inflammatory medications for an extended period of time, and the long term use of non-steroidal anti-inflammatory medications is associated with increased gastrointestinal and cardiovascular side effects. In addition, Diclofenac is not recommended as a first line agent due to higher cardiovascular risk profile. There is no documentation in the medical records of trial and failure of first line anti-inflammatory agents. As noted in ODG, "Diclofenac is associated with a significantly increased risk of cardiovascular complications and should be removed from essential-medicines lists, according to a new review. The increased risk with diclofenac was similar to Vioxx, a drug withdrawn from worldwide markets because of cardiovascular toxicity. Rofecoxib, etoricoxib, and diclofenac were the three agents that were consistently associated with a significantly increased risk when compared with nonuse. With diclofenac even in small doses it increases the risk of cardiovascular events. They recommended naproxen as the NSAID of choice. (McGettigan 2013)" The request for Diclofenac 100mg quantity 60.00 is not medically necessary and appropriate.

Omeprazole 20mg quantity 60.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Proton pump inhibitors (PPIs).

Decision rationale: According to the MTUS guidelines, proton pump inhibitors may be indicated for the following cases: (1) age greater than 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). In this case, the patient is noted to be a 40 old male who is reporting gastritis with non-steroidal anti-inflammatory use. The request for non-steroidal anti-inflammatory medication has not been deemed medically necessary. Additionally, it should be noted that per guidelines long-term use of proton pump inhibitors leads to an increased risk of hip fractures. Per recent research noted in ODG, "Decisions to use PPIs long-term must be weighed against the risks. The potential adverse effects of long-term PPI use include B12 deficiency; iron deficiency; hypomagnesemia;

increased susceptibility to pneumonia, enteric infections, and fractures; hypergastrinemia and cancer; and more recently adverse cardiovascular effects. PPIs have a negative effect on vascular function, increasing the risk for myocardial infarction (MI). Patients with gastroesophageal reflux disease on PPIs had a 1.16 greater risk of MI, and a 2.00 risk for cardiovascular mortality. PPI usage may be serving as a marker for a sicker population, but this is unlikely, given the lack of increased risk seen in patients taking H2 blockers. (Shah, 2015) In this study PPI use was associated with a 1.58-fold greater risk of MI, and in the case-crossover study, adjusted odds ratios of PPI for MI risk were 4.61 for the 7-day window and 3.47 for the 14-day window. However, the benefits of PPIs may greatly outweigh the risks of adverse cardiovascular effects, with number needed to harm of 4357. (Shih, 2014) Outpatient PPI use is associated with a 1.5- fold increased risk of community-acquired pneumonia, with the highest risk within the first 30 days after initiation of therapy. (Lambert, 2015)" The request for Omeprazole 20mg quantity 60.00 is not medically necessary and appropriate.