

<b>Case Number:</b>	CM15-0171644		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	06/03/2009
<b>Decision Date:</b>	10/16/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/31/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 43-year-old who has filed a claim for chronic low back and shoulder pain reportedly associated with an industrial injury of June 3, 2009. In a Utilization Review report dated August 19, 2015, the claims administrator failed to approve a request for Voltaren gel and oral omeprazole in its determination. A July 2, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On said July 2, 2015 office visit, the applicant reported ongoing complaints of low back and shoulder pain. Omeprazole and Voltaren gel were endorsed. The applicant was described as having issues with medication-induced reflux, the treating provider reported. 7/10 pain complaints were reported. Standing, walking, and lifting remained problematic, the treating provider acknowledged.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One tube of Voltaren Gel 1%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** No, the request for topical Voltaren gel was not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Voltaren gel has not been evaluated in the treatment of the spine, hip, and/or shoulder pain. Here, the applicant's primary pain generators were, in fact, the lumbar spine and shoulder, i.e., the body parts for which topical Voltaren gel has been not been evaluated. The attending provider failed to furnish a clear or compelling rationale for provision of Voltaren gel for body parts for which it has not been evaluated, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

**Omeprazole 20mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers' Compensation, Online Edition, 2015, Chapter: Pain, (PPIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** Conversely, the request for omeprazole (Prilosec), a proton pump inhibitor, was medically necessary, medically appropriate, or indicated here. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitor such as Prilosec are indicated in the treatment of NSAID-induced dyspepsia or, by analogy, the stand-alone dyspepsia reportedly present here on July 2, 2015. Usage of the omeprazole, thus, was indicated in the face of the applicant's having developed issues with reflux here. Therefore, the request was medically necessary.