

<b>Case Number:</b>	CM15-0028312		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	09/12/2013
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/16/2015

### 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 [REDACTED] employee who has filed a claim for chronic neck, mid back, and low back pain reportedly associated with an industrial injury of September 12, 2013. In a utilization review report dated January 20, 2015, the claims administrator failed to approve a request for diclofenac and omeprazole. The applicant's attorney subsequently appealed. On February 10, 2015, the applicant was placed off work, on total temporary disability. 5/10 neck, low back, and shoulder pain was reported. The applicant was status post left shoulder surgery and status post earlier lumbar spine surgery. The applicant had developed derivative complaints of depression. The applicant was 52 years old as of that date, it was noted. The applicant was given diclofenac and omeprazole. It was stated that the applicant was employing omeprazole for gastric protective effect as opposed to for actual symptoms of reflux. On October 3, 2014 the applicant was given prescriptions for Norco, Pamelor, Neurontin, and topical compounds. The applicant was also using Prilosec and Naprosyn, it was incidentally noted. No clear discussion of medication efficacy transpired on this date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Diclofenac XR 100 mg #60 DOS 1/6/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter Diclofenac.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 7 of 127.

**Decision rationale:** No, the request for diclofenac, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as diclofenac do represent the traditional first-line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant was off work, on total temporary disability. Ongoing usage of diclofenac failed to curtail the applicant's dependence on opioid agents such as Norco. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20(f), despite ongoing usage of diclofenac. It is further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider should incorporate some discussion of applicant-specific variables such as other medications into his choice of pharmacotherapy. Here, the attending provider did not furnish a clear rationale for concurrent usage of two separate NSAID medications, Naprosyn and diclofenac. Therefore, the request was not medically necessary.

**Retrospective request for Omeprazole 20 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and Cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 68 of 127.

**Decision rationale:** Conversely, the request for omeprazole, a proton pump inhibitor, was medically necessary, medically appropriate, and indicated here. As noted on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants who are at heightened risk for gastrointestinal events who, by implication, qualify for prophylactic use of proton pump inhibitors include those individuals who are using multiple NSAIDs. Here, the applicant was/is using two NSAIDs, Naprosyn and diclofenac. Prophylactic usage of a proton pump inhibitor, thus, was indicated here. Therefore, the request was medically necessary.

