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| Case Number: | CM15-0039709 | | |
| Date Assigned: | 03/10/2015 | Date of Injury: | 02/05/2014 |
| Decision Date: | 04/15/2015 | UR Denial Date: | 02/10/2015 |
| Priority: | Standard | Application Received: | 03/02/2015 |

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 30 year old female who sustained an industrial injury on 2/5/14 involving her left shoulder. She currently complains of dull, achy left shoulder pain that is worsening. Medication is diclofenac. There is no pain level noted (numerical). The diagnoses include adhesive capsulitis of the left shoulder; sprain/ strain left shoulder and biceps tendonitis of the left shoulder. Treatments to date include cortisone injection into the left shoulder with no relief; cold/ hot flexipak; moist heating pad and orthotics. Diagnostics included x-rays of the left shoulder which were normal; MRI left upper extremity joint (4/18/14) which was mildly abnormal. In the progress note dated 1/20/15 the treating providers care plan includes starting Prilosec and Tramadol and to continue with diclofenac.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60, 30 day supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Prilosec 20 mg #60 (30-day supply) is not medically necessary. Prilosec is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking non-steroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drugs. In this case, the injured worker's working diagnosis is adhesive capsulitis left shoulder. Prilosec was started in a progress note dated January 20, 2015. There is no clinical indication or rationale in the medical record. There is no documentation, comorbid conditions or past medical history of G.I. bleeding, peptic ulcer disease, concurrent use of aspirin, etc. Consequently, absent clinical documentation with the clinical indication and rationale in the absence of risk factors for gastrointestinal events, Prilosec 20 mg #60 (30 day supply) was not medically necessary.

Diclofenac Sodium 50mg, #60, 1 refill, 30 day supply: 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 NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAI.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Diclofenac sodium 50 mg # 60 with one refill (30 day supply) is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional non-steroidal anti-inflammatory drugs and COX-2 non-steroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnosis is adhesive capsulitis left shoulder. Diclofenac was started November 3, 2014. Diclofenac is a second line non-steroidal anti-inflammatory drug. There is no documentation of a first line (nonselective non-steroidal anti-inflammatory drug) documented as being tried in the medical record. Utilization review indicates the injured worker was taking Meloxicam but the progress note documentation does not support the same. There is no clinical indication or rationale for starting diclofenac based on its increased risk profile according to the Official Disability Guidelines. Consequently, absent clinical documentation with a clinical rationale for diclofenac and guideline recommendations indicating diclofenac is not recommended as a first line non-steroidal anti-inflammatory drug due to increased risk profile, diclofenac sodium 50 mg #60 with one refill (30-day supply) is not medically necessary.