

<b>Case Number:</b>	CM15-0071502		
<b>Date Assigned:</b>	04/21/2015	<b>Date of Injury:</b>	10/29/2012
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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 50-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of October 29, 2012. In a Utilization Review report dated March 27, 2015, the claims administrator failed to approve requests for omeprazole and diclofenac apparently prescribed and/or dispensed on or around March 11, 2015. The applicant's attorney subsequently appealed. In a progress note of March 11, 2015, diclofenac and omeprazole were renewed. It was suggested that omeprazole was being employed for gastric protective effect as opposed to for actual symptoms of reflux. The applicant was given a rather proscriptive 10-pound lifting limitation. The attending provider stated that the applicant continued to have difficulty reaching and/or lifting overhead but stated that the applicant's medications were beneficial. This was not, however, elaborated or expounded upon. It did not appear that the applicant was working with said 10-pound lifting limitation in place.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #60 DOS 3/11/15: 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.

**Decision rationale:** No, the request for omeprazole, a proton pump inhibitor, was not medically necessary, medically appropriate, or indicated here. The attending provider indicated on his March 11, 2015 progress note that omeprazole was intended for gastric protective effect as opposed to for actual symptoms of reflux. Page 68 of the MTUS Chronic Pain Medical Treatment Guidelines notes that the criteria for prophylactic usage of proton pump inhibitors include the usage of NSAIDs in applicants who are age 65 years of age, usage of multiple NSAIDs, usage of NSAIDs in conjunction with corticosteroids, and/or applicants who have a history of previous GI bleeding and/or peptic ulcer disease. Here, however, the applicant was less than 65 (age 50), was only using one NSAID, diclofenac, was not using any corticosteroids, and had no documented history of GI bleeding or peptic ulcer disease. Therefore, the request was not medically necessary.

**Diclofenac XR 100mg #60 DOS 3/11/15:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

**Decision rationale:** Similarly, the request for diclofenac, an anti-inflammatory medication, was likewise 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 pain syndrome 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 attending provider's March 11, 2015 progress note did not clearly establish how ongoing usage of diclofenac had or had not proven effective. While the attending provider stated that the applicant was deriving appropriate analgesia from the same, the attending provider failed to outline any meaningful or material improvements in function effected as a result of ongoing diclofenac usage. The applicant did not appear to be working with a rather proscriptive 10-pound lifting limitation in place. The applicant continued to report that lifting and reaching overhead remained problematic. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of diclofenac. Therefore, the request was not medically necessary.