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| Case Number: | CM15-0072727 | | |
| Date Assigned: | 04/23/2015 | Date of Injury: | 06/02/2014 |
| Decision Date: | 05/22/2015 | UR Denial Date: | 04/10/2015 |
| Priority: | Standard | Application Received: | 04/16/2015 |

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, Illinois

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 injured worker is a 39 year old female who sustained an industrial injury on 6/2/14. The diagnoses have included cervicothoracic myofascial pain syndrome and right upper extremity tendinitis that remains symptomatic. Treatment to date has included medications. Currently, as per the physician progress note dated 10/21/14, the injured worker complains of cervicothoracic pain and right upper extremity pain. It was noted that she remained on full duty, she was given Flexeril and changes were made to her work station. She states that her first acupuncture appointment is scheduled for tomorrow and that she is still having discomfort. She did not complain of any paresthesias or other new complaints. Treatment plan was to remain on full duty, proceed with acupuncture and follow up in 2 weeks. The physician requested treatments included Diclofenac XR 100mg #30 and Prilosec 20mg, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac XR 100mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-71. Decision based on Non-MTUS Citation Appendix A Official Disability Guidelines (ODG) Workers' Compensation Drug Formulary.

Decision rationale: The injured worker sustained a work related injury on 6/2/14. The medical records provided indicate the diagnosis of cervicothoracic myofascial pain syndrome and right upper extremity tendinitis that remains symptomatic. Treatment to date has included medications. The medical records provided for review do not indicate a medical necessity for Diclofenac XR 100mg #30. Diclofenac is a nonsteroidal ant inflammatory drug. The MTUS recommends it for treatment of osteoarthritis and ankylosing spondylitis. The Official disability Guidelines does not recommend it as a first line agent; therefore it belong to the group of drugs classified as “n” requiring utilization review explaining why it must be use rather than other agents. The request is not medically necessary.

Prilosec 20mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The injured worker sustained a work related injury on 6/2/14. The medical records provided indicate the diagnosis of cervicothoracic myofascial pain syndrome and right upper extremity tendinitis that remains symptomatic. Treatment to date has included medications. The medical records provided for review do not indicate a medical necessity for Prilosec 20mg, #60. Prilosec is a proton pump inhibitor. The Proton pump inhibitors are recommended for use by individuals at risk of gastrointestinal events who are being treated with NSAIDs. Since the NSAID Diclofenac has been determined to be not medically necessary, this medication is not medically necessary.