

<b>Case Number:</b>	CM15-0095325		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	07/03/2013
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 was a 42 year old male, who sustained an industrial injury, July 3, 2013. The injured worker previously received the following treatments 19 sessions of occupational therapy, Voltaren and Prilosec. The injured worker was diagnosed with status post long PIP volar plate release with radial digital neuroplasty, status post incision and debridement of the right finger with radial digital nerve repair and rotation flap, post-traumatic stiffness right hand, right wrist and forearm sprain and right shoulder adhesive capsulitis. According to progress note of August 4, 2014, the injured workers chief complaint was increased pain and stiffness of the right hand. The pain radiated into the right arm. The injured worker was starting to have pain in the left hand from overuse. The physical exam of the right upper extremity showed 10 degrees flexion contractures at the PIP joints of the right index and small fingers. There was 91 degree flexion contracture at the long PIP joint and a 40 degree flexion contracture at the right ring PIP joint. The right grip strength was diminished. There was slight volar forearm tenderness on the right. The treatment plan included prescriptions for Omeprazole and Voltaren.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg#60: 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): 68-69.

**Decision rationale:** Omeprazole 20mg#60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The documentation does not indicate that the patient meets the criteria for a proton pump inhibitor and the Voltaren (NSAID) was deemed not medically necessary therefore, the request for Omeprazole is not medically necessary.

**Voltaren 100mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Nonselective NSAID- Diclofenac Page(s): 71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain-Diclofenac.

**Decision rationale:** Voltaren 100mg #60 is not medically necessary per the MTUS Guidelines and the ODG. The MTUS states that Voltaren is not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients, as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%. For a patient who has a 5% to 10% risk of having a heart attack that is a significant increase in absolute risk, particularly if there are other drugs that don't seem to have that risk. The documentation does not reveal extenuating circumstances, which necessitate this medication given its increased risk profile. The request for Voltaren is not medically necessary.