

Case Number:	CM13-0040970		
Date Assigned:	12/20/2013	Date of Injury:	05/17/1997
Decision Date:	07/29/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/29/2013

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. The expert reviewer is Board Certified in Neurological Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records presented for review indicate that this 59-year-old female was reportedly injured on May 17, 1997. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated September 30, 2013, indicated that there were ongoing complaints of right knee pain. The physical examination demonstrated range of motion from 10 to 100 degrees and ambulation with the use of a cane. There was tenderness along the medial and lateral joint lines as well as along the patella. Diagnostic imaging studies objectified a complex tear of the medial meniscus. Previous treatment included a cortisone injection as well as a Hyalgan injection with good relief. A request had been made for Wellbutrin, Protonix and diclofenac and was not certified in the pre-authorization process on October 11, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

WELLBUTRIN 150MG#360.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 16, 27 & 125 OF 127.

Decision rationale: According to the most recent progress note, dated September 30, 2013, there was no justification for the request for Wellbutrin. Wellbutrin is often used as an antidepressant; however, there was no diagnosis of depression either. For these reasons this request for Wellbutrin is not medically necessary.

PROTONIX 20MG #60.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 68 OF 127.

Decision rationale: Protonix is a proton pump inhibitor indicated to treat gastrointestinal symptoms often occurring secondary to NSAID usage. However, the progress note dated September 30, 2013, did not mention gastrointestinal symptoms secondary to usage of diclofenac or other NSAIDs. For this reason, this request for Protonix is not medically necessary.

DICLOFENAC SODIUM 100MG #30.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 22 OF 127.

Decision rationale: Diclofenac sodium medicine anti-inflammatory is not recommended for first-line use due to its increased risk profile. Evidence-based studies are available which show that diclofenac poses equivalent risk of cardiovascular events to patients as did Vioxx. For this reason, this request for diclofenac sodium is not medically necessary.