

<b>Case Number:</b>	CM13-0053078		
<b>Date Assigned:</b>	03/31/2014	<b>Date of Injury:</b>	06/29/2007
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	11/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 56-year-old female who reported an injury on 06/29/2007. The injured worker was seen most recently on 11/20/2013; whereupon, it was noted that the injured worker was indicated for undergoing a revision total knee surgery. She had been diagnosed with an unstable left knee status post a total left knee replacement, status post tibial fracture, status post arthroscopy of the left knee times 2, chronic left knee pain, depression secondary to pain and disability and low back pain secondary to an antalgic gait. Objective findings noted that the injured worker had an antalgic gait with positive tenderness in the par lumbar musculature. The injured worker's range of motion to the lumbar spine was normal with lateral left and right tilt at 30 degrees bilaterally. The injured worker had a negative straight leg raise in the supine and sitting positions bilaterally with neurovascular status intact. The injured worker had a well-healed left knee scar with positive quadriceps atrophy. She also had positive varus/valgus laxity and positive instability to valgus stress with flexion of the right knee of 135 degrees and flexion of the left at 90 degrees. The injured worker reported her pain as a 6/10 to 7/10.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**WEIGHT REDUCTION PROGRAM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
[HTTP://ONLINELIBRARY.WILEY.COM/DOI/10.1038/OBY.2011.76/FULL](http://onlinelibrary.wiley.com/doi/10.1038/oby.2011.76/full)

**Decision rationale:** Regarding the request for a weight reduction program, according to the online article titled, "Effect of Diet and Exercise, Alone or Combined, on Weight and Body Composition in Overweight-to-Obese Postmenopausal Women," it states that lifestyle interventions for weight loss are the cornerstone of obesity therapy, yet their optimal design is debated. It further states that lifestyle change involving diet, exercise or both combined over 1 year improves body weight and adiposity, with the greatest change arising from the combined intervention. The documentation does not indicate that the patient has tried and failed a reduced calorie diet in adjunct to an exercise program to promote weight loss. Furthermore, the current documentation does not provide a thorough overview of the injured worker's physical status in regards to her body mass index. Therefore, it is unclear as to how pertinent a weight loss program would be without having this information as well as information regarding previous weight loss methods. The request is not medically necessary.

**DICLOFENAC XR 100MG - QUANTITY: 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, SPECIFIC RECOMMENDATIONS, 67-73 Page(s): 67-73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS) Page(s): 67-73.

**Decision rationale:** Regarding the request for diclofenac XR 100 mg (Quantity: 30.00), according to the California MTUS Guidelines, nonsteroidal anti-inflammatory drugs are recommended to be utilizing at the lowest dose for the shortest period of time for injured workers who have moderate to severe pain. This also pertains to injured workers with osteoarthritis of the knees and hips. Although the injured worker had been indicated as being a candidate for a revision total knee surgery, the most recent clinical documentation was dated 11/20/2013, which was approximately 6 months prior to the current date. Without having a current comprehensive physical examination providing the injured worker's current medication use and overall condition, the medical necessity for the diclofenac cannot be established at this time. As such, the requested service is not medically necessary.

**OMEPRAZOLE 20MG - QUANTITY: 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68.

**Decision rationale:** Regarding the third request for omeprazole 20 mg (Quantity: 30.00), according to the California MTUS, it states that injured workers who are at intermediate risk for

gastrointestinal events and no cardiovascular disease may benefit from the use of a proton pump inhibitor, such as omeprazole. Although the previous documentation indicates that the patient had been utilizing oral medications to help treat her symptoms, a current physical examination providing her diagnosis and updated pathology has not been provided. Therefore, the medical necessity for the use of omeprazole cannot be established. The previous documentation does not state that the injured worker suffers from any gastrointestinal issues nor utilizes this medication to counteract the use of any oral medications that may cause GI upset. Therefore, at this time, the requested service cannot be supported and is not medically necessary.