

Case Number:	CM13-0061441		
Date Assigned:	12/30/2013	Date of Injury:	05/17/1997
Decision Date:	05/16/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/05/2013

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 61 year old female with date of injury 5/17/97. The treating physician report dated 11/11/13 indicates that the patient presents with chronic right knee pain. The current diagnoses are: Internal derangement of the knee on the right with chondral and Meniscal lesion, Diabetes and hypertension, Weight loss rather than weight gain, and Element of depression. The utilization review report dated 11/25/13 denied the request for Diclofenac, Wellbutrin and Protonix based on the rationale of lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

DICLOFENAC SODIUM 100MG #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

Decision rationale: The patient presents with chronic right knee pain and osteoarthritis. The current request is for Diclofenac Sodium 100mg #60. The treating physician's examination findings dated 11/11/13 reveals mild crepitation with range of motion as well as tenderness

along the medial and lateral joint line and swelling across the knee joint. MRI findings as stated by the treater show complex tear of the medial meniscus. The MTUS guidelines state that NSAIDS are recommended for osteoarthritis of the knee. Recommendation is for authorization.

WELLBUTRIN 150MG #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
WELLBUTRIN Page(s): 16.

Decision rationale: The patient presents with chronic right knee pain, osteoarthritis diabetes and depression. The current request is for Wellbutrin 150mg #60. The treating physician states, "Wellbutrin 150mg (#60) for depression as prescribed by (psychiatrist)." The MTUS guidelines state that Bupropion (Wellbutrin) is recommended as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. There is no other information in the reports reviewed to indicate the patient's response to Wellbutrin or how long the medication has been prescribed. The reports do not show a diagnosis of neuropathic pain or anxiety/depression to warrant the use of this medication. There is lack of documentation regarding the medical necessity of the usage of this medication. Recommendation is for denial.

PROTONIX 20MG #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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 OFFICIAL DISABILITY GUIDELINES (ODG)

Decision rationale: The patient presents with chronic right knee pain, osteoarthritis diabetes and depression. The current request is for Protonix 20mg #60. The treating physician report dated 11/11/13 indicates that the patient takes Diclofenac Sodium 100mg for pain and inflammation. The patient reports that she has upset stomach as a result of her medication usage. MTUS supports the usage of Proton Pump Inhibitors (PPIs) for gastric side effects due to NSAID use. ODG also states that PPIs are recommended for patients at risk for gastrointestinal events. The treater in this case has documented that the usage of Protonix reduces G/I symptoms for this patient. Recommendation is for approval.