

Case Number:	CM14-0134028		
Date Assigned:	08/25/2014	Date of Injury:	10/14/2010
Decision Date:	11/05/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/18/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 29-year-old female who reported an injury on 10/14/2010. The mechanism of injury occurred while the injured worker was carrying a skillet of fajitas and almost dropped it, as she caught it in the air the movement twisted her right knee and foot. The diagnoses included bilateral knee tendinitis/bursitis and status post right arthroscopy. The previous treatments included medication, CT, physical therapy and surgery. Within the clinical note it was reported the injured worker complained of continuous aching to the right knee and intermittent pain of the left knee. She described the pain as sharp, shooting and burning with prolonged standing, walking and driving. Upon the physical examination the provider noted there was tenderness and spasms of the paravertebral muscles. The range of motion of the lumbar spine was forward flexion at 60 degrees and extension at 25 degrees. The provider requested Voltaren, Cidaflex, Prilosec and ibuprofen. However, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs, page(s) 111-112. Page(s): 111-112..

Decision rationale: The California MTUS Guidelines note topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency. The request submitted failed to provide the dosage. The request submitted failed to provide the treatment site and quantity. Therefore, the request is not medically necessary.

Cidaflex 500/400mg: Upheld

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 Glucosamine (and Chondroitin Sulfate), Page(s): page(s) 50..

Decision rationale: The California MTUS Guidelines note Cidaflex is recommended as an option given its low risk in patients with moderate arthritis, especially for knee osteoarthritis. Studies have demonstrated highly significant efficacy for crystalline glucosamine sulfate on outcomes, including joint space narrowing, pain, mobility, safety and response to treatment, but similar studies are lacking for glucosamine hydrochloride. Cidaflex is a combination product of chondroitin and glucosamine. There is lack of documentation indicating the efficacy of the medication as evidence by significant functional improvement. The request submitted failed to provide the frequency of the medication. The request submitted failed to provide the quantity of the medication. Therefore, the request is not medically necessary.

Prilosec 20mg: Upheld

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

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

Decision rationale: The California MTUS Guidelines note proton pump inhibitors, such as Prilosec, are recommended for injured workers at risk for gastrointestinal events and/or cardiovascular disease. The risk factors for gastrointestinal events include over the age of 65, history of peptic ulcer, gastrointestinal bleeding or perforation, use of corticosteroid and/or an anticoagulants. In the absence of risk factors for gastrointestinal bleeding events, proton pump inhibitors are not indicated when taking NSAIDs. The treatment of dyspepsia from NSAID usage includes stopping the NSAID, switching to a different NSAID or adding an H2 receptor antagonist or proton pump inhibitor. There is lack of documentation indicating the efficacy of the medication as evidence by significant functional improvement. The request submitted failed

to provide the frequency and quantity of the medication. Additionally, there was lack of documentation indicating the injured worker had a diagnosis of dyspepsia secondary to NSAID therapy. Therefore, the request is not medically necessary.

Ibuprofen 800mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), . Page(s): page(s) 66-67.

Decision rationale: The California MTUS Guidelines recommend nonsteroidal anti-inflammatory drugs at the lowest dose for the shortest period of time. The guidelines note NSAIDs are recommended for the signs and symptoms of osteoarthritis. There is lack of documentation indicating the efficacy of the medication as evidence by significant functional improvement. Additionally, the request submitted failed to provide the frequency and quantity of the medication. Therefore, the request is not medically necessary.