

<b>Case Number:</b>	CM14-0021884		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	11/23/2009
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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 Occupational Medicine 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:

This is a 52-year-old male with an 11/23/09 date of injury. The mechanism of injury was not noted. In a 1/6/14 progress note, the patient presented for an orthopedic re-evaluation of his left knee. He has a longstanding history of left knee osteoarthritis. He is currently undergoing Synvisc One viscosupplementation. He noted that after the Synvisc had worn off, he continued to have stiffness, achiness, and pain, and difficulties with prolonged weightbearing activities. He also had difficulty with lateral movements and some instability. Physical exam findings of the left knee showed well-healed arthroscopic portals and anterior incision. Range of motion was 0 to 120 degrees with positive patellofemoral crepitation and positive patellofemoral grind. Diagnostic impression: Status post left knee ACL reconstruction on 10/8/10, Degenerative disc disease, Patellofemoral chondromalacia and grade 4 chondromalacia of the medial femoral condyle. Treatment to date: medication management, activity modification, physical therapy, acupuncture therapy, and surgery. A UR decision dated 1/23/14 denied the requests for Voltaren gel and Prilosec. The provided records did not clearly indicate failure of first line NSAIDs. There was no clear medical rationale for the use of both an oral and topical NSAID. There was a lack of clear documentation of the efficacy and functional benefit from previous use. Prilosec was denied because the provided records do not indicate that the patient suffers from any risk factors for gastrointestinal events. In addition, there is no evidence provided that the patient suffers from dyspepsia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VOLTAREN GEL 7.5MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

**Decision rationale:** CA MTUS states that Voltaren Gel is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist); and has not been evaluated for treatment of the spine, hip or shoulder. In the reports reviewed, it is documented that the patient has history of Osteoarthritis in his knee. However there is no documentation of functional improvement or that the patient is benefiting from the use of Voltaren gel. Therefore, the request for Voltaren Gel 7.5 mg was not medically necessary.

**PRILOSEC OTC (over the counter) ORAL TABLET ENTERIC COATED 20MG, #30:**  
Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter and Other Medical Treatment Guideline or Medical Evidence: FDA (Prilosec).

**Decision rationale:** MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Prilosec is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. In the reports reviewed, there is documentation that the patient has been on meloxicam, an NSAID, since at least 2/1/13, if not earlier. Guidelines support the use of Prilosec in patients utilizing chronic NSAID therapy. Therefore, the request for Prilosec OTC Oral Tablet Enteric Coated 20mg, #30 was medically necessary.