

Case Number:	CM14-0023681		
Date Assigned:	05/14/2014	Date of Injury:	03/14/1990
Decision Date:	07/11/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/24/2014

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 Orthopedic Surgery, has a subspecialty in Spine Surgery and is licensed to practice in New York. 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 54-year-old male with then drilled March 14, 1990. The patient has chronic left knee pain. The patient has an antalgic gait and walks with the aid of crutches. Bilateral knee exam reveals no evidence of quadriceps atrophy. The patient has a negative Q angle, normal motor testing and no evidence of knee effusion. There is negative varus valgus laxity negative McMurray negative Lachman negative pivot shift and no crepitus. There is positive patellofemoral facet tenderness and positive medial joint line tenderness. The knee range of motion is normal. The patient has been advised to undergo total knee replacements bilaterally. At issue is whether medications omeprazole and diclofenac are medically needed there.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE OMEPRAZOLE 20MG #60 BETWEEN 12/6/2013 AND 12/6/2013:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Chapter NSAIDs, GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence.

Decision rationale: The anti-inflammatory medications are additionally the first line of treatment to reduce pain and improve functional activity. However long-term use may not be warranted. All NSAID medications have some wrist with respect to adverse medical event. The ODG guidelines do not recommend diclofenac as a first line medication due to which were recognized increased risk profile. There is medical evidence in the literature to suggest that diclofenac poses equivalent risk of adverse cardiovascular events similar to Vioxx. Since there is no data to support superior artery of diclofenac over other NSAID medications, it should not be used as a first line drug. Alternative analgesics and non-pharmacologic therapy should be considered in treating this patient's chronic knee pain.

RETROSPECTIVE DICLOFENAC XR 100MG #60 BETWEEN 12/6/2013 AND 12/6/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline Or Medical Evidence: There is no guideline to address the non-specific use of Diclofenac XR.

Decision rationale: The Guidelines indicate that proton pump inhibitor medication is only necessary in cases where patient has an established risk of adverse GI event. The medical records do not indicate that this patient is at risk for adverse GI event. The patient has no previous history of adverse GI event that is documented in the medical record. This patient has chronic axial back pain. He has MRI-documented 2 -level degenerative back changes at both L4-5 and L5-S1. He has already has bilateral medial branch blocks of the facet joints at both levels on June 19th 2013 with only 20th % relief of symptoms documented in the chart after the injection. As per ODG Guidelines, he did not have initial 70& relief of pain symptoms and documented at least 50% 6-week duration relief. He does not meet established criteria for continued therapeutic injection treatments. They are not medically necessary and not more likely than continued conservative measures to provide lasting back pain relief. This patient has chronic axial back pain. He has MRI-documented 2 -level degenerative back changes at both L4-5 and L5-S1. He has already has bilateral medial branch blocks of the facet joints at both levels on June 19th 2013 with only 20th % relief of symptoms documented in the chart after the injection. As per ODG Guidelines, he did not have initial 70& relief of pain symptoms and documented at least 50% 6-week duration relief. He does not meet established criteria for continued therapeutic injection treatments. They are not medically necessary and not more likely than continued conservative measures to provide lasting back pain relief.