

Case Number:	CM14-0076490		
Date Assigned:	07/18/2014	Date of Injury:	04/12/2011
Decision Date:	10/02/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/27/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 62 year old male who was injured on 4/12/2011 when he was butted on the left knee by a goat. He was diagnosed with left ankle sprain, bilateral plantar fasciitis, osteochondritis dissecans in left ankle, and later right ankle pain. He was treated with medications, surgery (left ankle), and physical therapy, but continued to experience ankle pain and instability. On 4/29/2014, the worker was seen by his primary treating physician for a follow-up complaining of continual moderate to severe pain in his left ankle with compensatory pain in his right ankle as well. He was then recommended left ankle arthroscopy (with microfracture and possible OATS procedure), postoperation vascutherm, Diclofenac XR, omeprazole, and Tramadol ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac XR 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID (non-steroidal anti-inflammatory drugs).

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

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, at risk for gastrointestinal bleeding. Based on the number of pills requested in the case of this worker, it appears that the intention of the treating physician was to use Diclofenac XR for the treatment of his pain chronically as opposed to for short-term use, which is not recommended. Also, the choice of Diclofenac vs. other NSAIDs is not justified. Also, there was no evidence of an acute flare-up which may have warranted a short course of an NSAID. Therefore, the Diclofenac XR is not medically necessary.

Omeprazole 20mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

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

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. The worker in this case reported use of over-the-counter anti-inflammatory medications before the request for Diclofenac was made. It is unknown which anti-inflammatory medication, dose, or frequency the worker had been using to treat his chronic ankle pain. Also, without the worker requiring Diclofenac for chronic use, and there being no evidence of any other risk factors for gastrointestinal events, the use of a proton pump inhibitor need not be considered (See #1). Therefore, the omeprazole is not medically necessary.