

Case Number:	CM14-0093428		
Date Assigned:	07/25/2014	Date of Injury:	12/19/1997
Decision Date:	09/10/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/19/2014

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:

The patient is a 66 year old female who was injured on 12/19/1997. The mechanism of injury is unknown. Prior treatment history has included TENS, hot and cold wrap, and Hyalgan injections. Her past medication history as of 12/04/2013 included tramadol ER 150 mg and Protonix 20 mg. Progress report dated 05/13/2014 states the patient complained of her left knee giving out. She also reported buckling and weakness. On exam, she has tenderness of the knee with resisted function. Her knee extension is 170 degrees and flexion to 90 degrees with crepitation. She has a diagnosis of internal derangement of the knee bilaterally; ankle sprain/strain and elements of depression and stress disorder. She has been recommended for TENS pads replacement; Voltaren 100 mg, Tramadol ER 150 mg, Protonix 20 mg and X-ray of the left knee. She needs knee braces as well. There is no mention of GI symptoms. Prior utilization review dated 06/17/2014 states the request for Retro Voltaren 100 mg w/DOS 05/13/2014 QTY: 30.00, Retro Tramadol ER 150 mg w/DOS: 05/13/2014 QTY: 30.00, Protonix 20 mg w/DOS 05/13/14 QTY 60.00, Retro standing x-ray of left knee with DOS 05/13/2014 is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Voltaren 100 mg w/DOS 05/13/2014 QTY: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non steroidal anti-inflammatory drugs Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : NSAIDs Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain, Diclofenac.

Decision rationale: According to MTUS guidelines NSAIDs are recommended at the lowest dose for the shortest duration possible. According to ODG guidelines, Diclofenac is "not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%." In this case Diclofenac is prescribed on a long-term basis for a 66 year old female with chronic bilateral knee pain. However, Diclofenac is not recommended first-line. History and examination findings do not demonstrate clinically significant functional improvement from use of Diclofenac. Further, Diclofenac was recently authorized on 5/27/14. Diclofenac is not medically necessary.

Retro Tramadol ER 150 mg w/DOS: 05/13/2014 QTY:30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ; Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Tramadol.

Decision rationale: According to MTUS guidelines, opioids are indicated for moderate to severe pain. Efficacy of long-term use for chronic pain due to osteoarthritis is not established. Tramadol is not recommended for use longer than 3 months for the treatment of osteoarthritis. In this case the patient is prescribed Tramadol on a long-term basis. However, medical records do not demonstrate clinically functional improvement from use of Tramadol. Further Tramadol was recently authorized on 5/27/14. Tramadol is not medically necessary.

Protonix 20 mg w/DOS 05/13/14 QTY 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non steroidal antiinflammatory drugs, gastrointestinal symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Proton pump inhibitors.

Decision rationale: According to MTUS guidelines, proton pump inhibitors (PPI's) such as Protonix may be indicated for patients at moderate to high risk of gastrointestinal events due to NSAID use. In this case the patient is prescribed Protonix on a long-term basis. She is at least moderate risk of gastrointestinal events due to age. However, NSAIDs are not clearly indicated

in this case. Further, the Protonix was already authorized on 5/27/14. Protonix is not medically necessary.

Retro standing x-ray of left knee with DOS 05/13/2014:

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Radiography.

Decision rationale: According to MTUS and ODG guidelines, x-rays of the knee are indicated for acute trauma and nontraumatic knee pain. However, in this case the patient has known bilateral knee osteoarthritis. Left knee x-ray was done previously on 4/30/13. There is no documentation of significant interval change in symptoms or findings. Only range of motion is provided for the knee examination. No specific rationale is provided for repeat left knee x-ray. Is not medically necessary.