

Case Number:	CM14-0183307		
Date Assigned:	11/20/2014	Date of Injury:	07/08/2014
Decision Date:	01/08/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/04/2014

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 Internal 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:

According to the records made available for review, this is a 62-year-old female with a date of injury on 07/08/2014. Documentation from 07/10/2014 indicated that the injured worker tripped and fell off a step stool subsequently landing on the left lower extremity causing her to have severe pain. Documentation from 09/22/2014 indicated the diagnoses of left knee status post open reduction internal fixation of tibial plateau fracture and head injury. The documentation from 09/22/2014 indicated subjective findings of complaints of intermittent dizziness and headaches. Objective data included physical examination that was remarkable for antalgic gait, positive varus valgus laxity, and mild valgus instability from the fracture of the right knee. Documentation from 07/10/2014 noted x-rays of the left knee that was revealing of a depressed lateral tibial plateau fracture with hemarthrosis. The injured worker was evaluated by an orthopedic surgeon and underwent open reduction and internal fixation of the left tibial plateau fracture with allograft on 07/10/2014. The record from 07/21/2014 refers to a prior course of physical therapy and a medication regimen of Diclofenac XR, Omeprazole, Tramadol ER, along with orders on 09/22/2014 for a functional capacity assessment and neurology consultation. Physical therapy notation from 09/08/2014 indicated a decrease in the injured worker's range of motion and decrease in strength and physician documentation from 09/22/2014 noted the injured worker to have relief of gastritis with the Omeprazole and functional improvement of pain relief from Diclofenac XR, however the documentation of these records did not provide specific details of functional improvement, improvement in work function, or in activities of daily living. Medical records from 09/22/2014 noted a work status of semi-sedentary work. On 10/14/2014, a Utilization Review non-certified the retrospective prescription for Diclofenac XR 100mg with a quantity of sixty dispensed on 09/22/2014 and noncertified the retrospective prescription of Omeprazole 20mg with a quantity of eighty dispensed on 09/22/2014. The California Chronic

Pain Medical Treatment Guidelines noted that Diclofenac XR was not advised secondary to the risks associated with it along with it not being used as a second line of therapy and therefore Omeprazole is non-certified for prophylactic use because of the non-certification of Diclofenac.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Diclofenac XR 100mg #60: Upheld

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

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective Diclofenac XR 100 mg #60 is not medically necessary. The guidelines state nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. The main concern of nonsteroidal anti-inflammatory drugs is based on adverse side effects. In this case, the injured worker received Diclofenac XR as a consequence of an open reduction internal fixation to the tibial plateau. This drug was initially prescribed July 21, 2014. The present request for Diclofenac XR is September 22, 2014. There is no documentation reflecting objective functional improvement. The only documentation in the medical record is pain relief with medication. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Consequently, Diclofenac XR 100 mg #60 is not medically necessary.

Retro Omeprazole 20mg #80: Upheld

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

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and The Official Disability Guidelines, retrospective Omeprazole 20 mg #80 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in patients taking nonsteroidal anti-inflammatory drugs that are at risk for certain gastrointestinal events. The risks include, but are not limited to, age graded and 65 years; history of peptic ulcer, G.I. bleeding or perforation; concurrent use of aspirin, corticosteroids or anticoagulants or high-dose/multiple nonsteroidal anti-inflammatory drugs. In this case, the injured worker did not have any comorbid problems or past medical history compatible with the risk factors enumerated above.

Specifically, the injured worker did not have a history of peptic ulcer disease, G.I. bleeding, concurrent aspirin use or multiple anti-inflammatory drug use. Consequently, Omeprazole 20mg #8 is not medically necessary.