

Case Number:	CM14-0191283		
Date Assigned:	11/25/2014	Date of Injury:	10/29/2008
Decision Date:	01/12/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/17/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of October 29, 2008. In a Utilization Review Report dated October 31, 2014, the claims administrator failed to approve a request for Diclofenac and Omeprazole apparently dispensed on October 3, 2014. The applicant's attorney subsequently appealed. The applicant's requesting provider also set forth a highly templated appeal letter of November 12, 2014, in which it was suggested that the applicant was status post earlier total knee replacement surgery and had residual complaints of bilateral knee pain and low back pain. In an October 3, 2014 progress note, the applicant reported persistent complaints of low back and knee pain, 3 to 5/10. The applicant was given diagnoses including contracture of the left knee status post left knee total knee replacement surgery, right knee pain, chronic low back pain, contracture of the left small finger, headaches, and depression. Diclofenac and Omeprazole were endorsed. It was stated that the Omeprazole was being employed for gastric prophylactic purposes. The applicant was 46 years old, as of the date of the report. In a November 7, 2014 progress note, the applicant reported longstanding low back and knee pain, 6/10. The applicant stated that "nothing" made his pain better. The applicant stated that his knee pain was exacerbated by standing and walking activities. The applicant was asked to continue Pamelor and Neurontin. On October 3, 2014, the applicant reported persistent complaints of knee and low back pain. Diclofenac was renewed, without any explicit discussion of medication efficacy. Omeprazole was also endorsed for gastric protective effect.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Diclofenac XR #60 (DOS: 10/31/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, GI symptom.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section, Diclofenac section MTUS 97.

Decision rationale: While page 71 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Diclofenac, an anti-inflammatory medication, is recommended in the treatment of arthritis, as is present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the requesting provider simply renewed Diclofenac on several occasions referenced above, including on the date of the service, without any explicit discussion of medication efficacy. The applicant was not working, it was acknowledged on several occasions, referenced above. The attending provider noted that the applicant was having continued difficulty to perform activities of daily living as basic as standing and walking, despite ongoing Diclofenac usage. The attending provider further stated that "nothing" alleviated the applicant's pain complaints, implying that ongoing usage of Diclofenac was not effectual here. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f despite ongoing usage of Diclofenac. Therefore, the request was not medically necessary.

Retrospective request for Omeprazole 20mg, #60 (DOS: 10/3/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic Page(s): 68.

Decision rationale: The requesting provider wrote on several occasions that Omeprazole was being employed for gastric protective effect or gastric prophylaxis purposes. However, the applicant did not meet criteria set forth on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines for prophylactic provision of proton pump inhibitors. Specifically, the applicant was not using multiple NSAIDs, the applicant was not greater than 65 years of age (age 46-47) and using one NSAID, the applicant did not have a clearly stated history of peptic ulcer disease, GI bleeding, or perforation, the applicant was not using multiple NSAIDs and/or NSAIDs in conjunction with aspirin, and/or the applicant was not using NSAIDs in conjunction with corticosteroids. Therefore, the request was not medically necessary.

