

Case Number:	CM14-0198269		
Date Assigned:	12/08/2014	Date of Injury:	06/15/2012
Decision Date:	01/27/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/25/2014

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 Physical Medicine Rehab, 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:

This is a 55-year-old female with a date of injury of 6/15/12. Mechanism of injury is not disclosed in medical records submitted for review. The patient has diagnoses of chronic bilateral knee pain, right knee meniscus tear and post-traumatic chondromalacia. The patient has had extensive conservative measures, and recommendations have been made by an orthopedic specialist for arthroscopy. From submitted records, it is unclear if this has been authorized or not. In the meantime, the patient does remain symptomatic with moderate to severe pain with multiple positive exam abnormalities/orthopedic tests. She continued to be on Diclofenac and Omeprazole. Request for continued meds was submitted to Utilization Review, and on 11/06/14, an adverse determination was rendered. Rationale for denial is somewhat vague, but appears to be based on guidelines stating that NSAIDS should be used for lowest dose and shortest period of time, inconsistent evidence for use for neuropathic pain, and that only Diclofenac should be used for chronic maintenance therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60 with 1 refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs) Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Proton Pump Inhibitors.

Decision rationale: Guidelines do support use of GI protectants in patients with a history of chronic NSAID use, as there is high risk for adverse GI effects. This patient has been on long-term NSAIDS for chronic pain issues, and may require arthroscopic surgery for the knees. Given the high risk for an adverse GI event, concurrent use of a PPI is appropriate. Medical necessity of Omeprazole 20 mg #60 with one refill is established.

Diclofenac XR 100mg #60 with 1 refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: While guidelines do note that there is risk for adverse effects, such as GI and cardiovascular, they do support use of NSAIDS for orthopedic conditions. This patient has osteoarthritis and internal derangement of the knee and is pending authorization of arthroscopic surgery. Use of an NSAID is appropriate. Medical necessity of Diclofenac XR 100 mg #60 with one refills is established.