

Case Number:	CM14-0206289		
Date Assigned:	01/06/2015	Date of Injury:	12/12/2002
Decision Date:	03/03/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/09/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 injured worker is a 54 year old female who was injured at work on 12/2/2002. The office visit reports indicates the injured worker reported worsening pain with cold weather, pain and swelling in the left knee, and bilateral wrists. The pain was rated as 8/10. She was unable to stand beyond 35 minutes, walking is limited to one block.. The low back pain radiates to the Left leg in the L5 area, She suffers from sleeplessness and depression; and depends on others for activities of daily living, especially following knee surgery. Additionally, she has headaches in the back of her head, pain in her shoulders; and anxiety and depression. The anxiety and depression worsen her pain, and the pain worsens anxiety and depression. The physical examination revealed full range of motion of the knee, but tenderness of the left medial joint. She was unable to Squat or toe-walk. There was positive crepitus, pain on walking and standing. There was decreased sensation in the left leg; low back tenderness in the L4-5; Positive straight leg raise at 60 degrees; positive Tine's and phalens's in the left wrist; poor grip strength in the left. The worker has been diagnosed of lumbar spine radiculitis, depression, anxiety, left carpal tunnel syndrome, gastrointestinal intolerance with NSAIDS, Cervical radiculopathy, status post knee surgery, cervicogenic myofascial syndrome, and lumbar disc bulge with stenosis, right shoulder overload, right shoulder internal derangement, chondromalacia patella, Lumbar spine herniated nucleus pulposus, patella DJD/OA per MRI Left Knee 04/07/2014; GERD, Abdominal pain rule out gastritis, Cholelithiasis. Treatments have included Gabapentin, Amataza, Dexilant, and Ranitidine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60: Upheld

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

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

Decision rationale: The injured worker sustained a work related injury on 12/2/2002. The medical records provided indicate the diagnosis of lumbar spine radiculitis, depression, anxiety, left carpal tunnel syndrome, gastrointestinal intolerance with NSAIDs, Cervical radiculopathy, status post knee surgery, cervicogenic myofascial syndrome, and lumbar disc bulge with stenosis, right shoulder overload, right shoulder internal derangement, chondromalacia patella, Lumbar spine herniated nucleus pulposus, patella DJD/OA per MRI Left Knee 04/07/2014; GERD, Abdominal pain rule out gastritis, Cholelithiasis. Treatments have included Gabapentin, Amitriptyline, Dexilant, and Ranitidine. The medical records provided for review do not indicate a medical necessity for Prilosec 20mg #60. Although the MTUS recommends the use of proton pump inhibitors in individuals on NSAIDs who have risk for gastrointestinal events (history of peptic ulcer; Gastro-intestinal bleeding or perforation; concurrent use of Aspirin, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID, the Voltaren, an NSAID, for which this medication was being used has been determined not to be medically necessary; therefore, the requested treatment is not medically necessary and appropriate.

Voltaren 75mg #60: Upheld

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): 67-71. Decision based on Non-MTUS Citation Pain(Chronic)

Decision rationale: The injured worker sustained a work related injury on 12/2/2002. The medical records provided indicate the diagnosis of lumbar spine radiculitis, depression, anxiety, left carpal tunnel syndrome, gastrointestinal intolerance with NSAIDs, Cervical radiculopathy, status post knee surgery, cervicogenic myofascial syndrome, and lumbar disc bulge with stenosis, right shoulder overload, right shoulder internal derangement, chondromalacia patella, Lumbar spine herniated nucleus pulposus, patella DJD/OA per MRI Left Knee 04/07/2014; GERD, Abdominal pain rule out gastritis, Cholelithiasis. Treatments have included Gabapentin, Amitriptyline, Dexilant, and Ranitidine. The medical records provided for review do not indicate a medical necessity for Voltaren 75mg #60. The Official Disability Guidelines does not recommend Diclofenac (Voltaren) 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%. For a patient who has a 5% to 10% risk of having a heart attack that is a significant increase in absolute risk, particularly if there are other drugs that don't seem to have that risk." Additional studies have shown that it is associated with increased risk for stroke, recurrent heart attack and death. Therefore, the requested treatment is not medically necessary and appropriate.

Home assistance 4 hours a day 5 days a week: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Benefits Manual, Chapter 7 Home Health Services, Section 50.2

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic)

Decision rationale: The injured worker sustained a work related injury on 12/2/2002. The medical records provided indicate the diagnosis of lumbar spine radiculitis, depression, anxiety, left carpal tunnel syndrome, gastrointestinal intolerance with NSAIDS, Cervical radiculopathy, status post knee surgery, cervicogenic myofascial syndrome, and lumbar disc bulge with stenosis, right shoulder overload, right shoulder internal derangement, chondromalacia patella, Lumbar spine herniated nucleus pulposus, patella DJD/OA per MRI Left Knee 04/07/2014; GERD, Abdominal pain rule out gastritis, Cholelithiasis. Treatments have included Gabapentin, Amitriptyline, Dexilant, and Ranitidine. The medical records provided for review do not indicate a medical necessity for Home assistance 4 hours a day 5 days a week. The official Disability Guidelines recommends home health services only for otherwise recommended medical treatment for patients who are home bound, on a part-time or intermittent basis. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. These recommendations are consistent with Medicare Guidelines.

Omeprazole 20mg: Upheld

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

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

Decision rationale: The injured worker sustained a work related injury on 12/2/2002. The medical records provided indicate the diagnosis of lumbar spine radiculitis, depression, anxiety, left carpal tunnel syndrome, gastrointestinal intolerance with NSAIDS, Cervical radiculopathy, status post knee surgery, cervicogenic myofascial syndrome, and lumbar disc bulge with stenosis, right shoulder overload, right shoulder internal derangement, chondromalacia patella, Lumbar spine herniated nucleus pulposus, patella DJD/OA per MRI Left Knee 04/07/2014;

GERD, Abdominal pain rule out gastritis, Cholelithiasis. Treatments have included Gabapentin, Ametiza, Dexilant, and Ranitidine. The medical records provided for review do not indicate a medical necessity for: Omeprazole 20mg. Although the MTUS recommends the use of proton pump inhibitors in individuals on NSAIDs who have risk for gastrointestinal events (history of peptic ulcer; Gastro-intestinal bleeding or perforation; concurrent use of Aspirin, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID), the Voltaren, an NSAID, has been determined not to be medically necessary; therefore; the requested treatment is not medically necessary and appropriate.

Diclofenac 75mg: Upheld

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): 67-71.

Decision rationale: The injured worker sustained a work related injury on 12/2/2002. The medical records provided indicate the diagnosis of lumbar spine radiculitis, depression, anxiety, left carpal tunnel syndrome, gastrointestinal intolerance with NSAIDs, Cervical radiculopathy, status post knee surgery, cervicogenic myofascial syndrome, and lumbar disc bulge with stenosis, right shoulder overload, right shoulder internal derangement, chondromalacia patella, Lumbar spine herniated nucleus pulposus, patella DJD/OA per MRI Left Knee 04/07/2014; GERD, Abdominal pain rule out gastritis, Cholelithiasis. Treatments have included Gabapentin, Ametiza, Dexilant, and Ranitidine. The medical records provided for review do not indicate a medical necessity for Voltaren 75mg #60. The Official Disability Guidelines does not recommend Diclofenac (Voltaren) 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%. For a patient who has a 5% to 10% risk of having a heart attack that is a significant increase in absolute risk, particularly if there are other drugs that don't seem to have that risk." Additional studies have shown that it is associated with increased risk for stroke, recurrent heart attack and death. Therefore, the requested treatment is not medically necessary and appropriate.