

<b>Case Number:</b>	CM14-0045744		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	08/20/2002
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	04/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 (IW) is a 70-year-old female, who sustained an industrial injury on 08/20/2002. She reported pain in the right knee and both hands, and now has a master claim for the neck, low back, both knees, and head. The injured worker was diagnosed as having unspecified internal derangement of knee, neck sprain and strain, thoracic sprain and strain, lumbar sprain and strain. Treatment to date has included carpal tunnel surgery, arthroscopy of the left knee, joint replacement on the right knee, and hyalgan point injection to the left knee and medications for pain and for depression. Currently, the injured worker complains of daily pain that is moderate. She has complaint of severe migraines that last approximately three hours responsive to Ibuprofen. She also complains of knee pain that increases with prolonged sitting, standing and walking. Terocin patches are used on her knees, and Celexia is being used for depression. Treatment plan includes diclofenac for anti-inflammation, Protonix for stomach upset secondary to taking medications, LidoPro lotion for topical use for pain, and Terocin patches for topical use for pain. Requests were presented for Diclofenac 100mg #30, Protonix 20mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Protonix 20mg #60:** Overturned

**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, specific drug list & adverse effects, p68-71 Page(s): 68-71.

**Decision rationale:** The claimant is more than 10 years status post work-related injury and continues to be treated for moderate pain including moderate knee pain. Surgeries have included a left knee arthroscopy and right total knee replacement. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when risk when NSAIDs are used. In this case, the claimant is over age 65 and is taking a nonselective non-steroidal anti-inflammatory medication. She is also taking Celexa, an SSRI (selective serotonin reuptake inhibitor) class medication. In this clinical scenario,, guidelines recommend that a proton pump inhibitor such as Protonix be prescribed. It was therefore medically necessary.

**Diclofenac 100mg #30:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p73 Page(s): 73.

**Decision rationale:** The claimant is more than 10 years status post work-related injury and continues to be treated for moderate pain including moderate knee pain. Surgeries have included a left knee arthroscopy and right total knee replacement. Oral NSAIDS (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain. Recommended dosing of diclofenac is up to 150 mg per day. In this case, the requested dosing is within guideline recommendations and therefore medically necessary.