

Case Number:	CM15-0108611		
Date Assigned:	06/12/2015	Date of Injury:	03/15/2004
Decision Date:	07/17/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/04/2015

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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56 year old female, who sustained an industrial injury on 3/15/04. She reported injuries to right knee, low back and right buttock following a fall. The injured worker was diagnosed as having lumbosacral radiculopathy and bilateral knee degenerative joint disease. Treatment to date has included 2 arthroscopic surgeries, oral medications, physical therapy and home exercise program. (MRI) magnetic resonance imaging of lumbar spine performed on 3/29/15 revealed spondylitic changes, endplate sclerotic changes, disc space narrowing and L2-3, L3-4, L4-5 and L5-S1 broad based posterior disc protrusion. S-ray of right knee revealed moderate narrowing of the medial compartment consistent with medial compartment syndrome, arthritic changes of knee joints affecting both medial and lateral compartments and relative depression of medial tibial plateau; x-ray of left knee revealed moderate arthritic changes with moderate narrowing of medial compartment and mild patellofemoral joint arthropathy. Currently, the injured worker complains of bilateral knee pain (severe and constant) and lumbosacral pain with radiation to bilateral lower extremities. Physical exam noted reduced lumbar range of motion and tenderness to palpation of lumbar spine. The treatment plan included prescriptions for Voltaren and Prilosec and a referral for total knee replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 100mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter - Diclofenac.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter, Voltaren.

Decision rationale: The patient complains of persistent low back pain which travels to the lower extremities. He also complains of bilateral knee pain. The current request is for Voltaren 100mg #60. According to the ODG: Diclofenac is not recommended 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. Diclofenac is associated with a significantly increased risk of cardiovascular complications and should be removed from essential-medicines lists, according to a new review. The increased risk with diclofenac was similar to Vioxx, a drug withdrawn from worldwide markets because of cardiovascular toxicity. Rofecoxib, etoricoxib, and diclofenac were the three agents that were consistently associated with a significantly increased risk when compared with nonuse. With diclofenac even in small doses it increases the risk of cardiovascular events. They recommended naproxen as the NSAID of choice." In this case, there is no evidence that the patient has failed first line medications. The request for Voltaren is not medically necessary based upon the ODG guidelines.

Prilosec 20mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter- Proton pump inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole (prilosec) Page(s): 68-69.

Decision rationale: The patient complains of persistent low back pain which travels to the lower extremities. He also complains of bilateral knee pain. The current request is for Prilosec 20mg #90. The MTUS Guidelines state omeprazole is recommended with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events. 1. Age is more than 65 years. 2. History of peptic ulcers, GI bleeding, or perforations. 3. Concurrent use of ASA, corticosteroids, and/or anticoagulant. 4. High-dose multiple NSAIDs. MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." As there is no documentation of multiple

high dosage NSAIDs and no GI complaints or dyspepsia secondary to NSAID therapy, the available documentation does not establish medical necessity for this request. Therefore, the current request is not medically necessary.