

Case Number:	CM15-0133813		
Date Assigned:	07/22/2015	Date of Injury:	07/09/2010
Decision Date:	08/25/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/10/2015

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: 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 63-year-old female, who sustained an industrial injury on 7/9/10. The injured worker was diagnosed as having bilateral chondromalacia, bilateral posterior tibialis tendinosis, left popliteal bursitis, and bilateral wrist tendinosis. Treatment to date has included chiropractic treatment, Hyalgan injections, and medication. Currently, the injured worker complains of bilateral wrist pain and bilateral knee pain left greater than right. The treating physician requested authorization for Diclofenac 3% with 6 refills, Aciphex 20mg #30 with 4 refills, and Chondrotin/Glucosamine 400/500mg #90 with 6 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 3% with 6 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The injured worker sustained a work related injury on 7/9/10. The medical records provided indicate the diagnosis of bilateral chondromalacia, bilateral posterior tibialis tendinosis, left popliteal bursitis, and bilateral wrist tendinosis. Treatment to date has included chiropractic treatment, Hyalgan injections, and medication. The medical records provided for review do not indicate a medical necessity for Diclofenac 3% with 6 refills. The topical analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not recommend any compounded product that contains at least one drug (or drug class) that is not recommended. The MTUS recommends the use of Diclofenac at the 1% formulation as Voltaren Gel: Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. The requested treatment is not medically necessary, because it is 3% rather than 1%; also because there is no evidence the injured worker has failed treatment with the first line medications. Additionally, the injured worker has not been diagnosed of osteoarthritis.

Aciphex (Rabeprazole) 20 mg #30 with 4 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Appendix A ODG Workers' Compensation Drug Formulary.

Decision rationale: The injured worker sustained a work related injury on 7/9/10. The medical records provided indicate the diagnosis of bilateral chondromalacia, bilateral posterior tibialis tendinosis, left popliteal bursitis, and bilateral wrist tendinosis. Treatment to date has included chiropractic treatment, Hyalgan injections, and medication. The medical records provided for review do not indicate a medical necessity for Aciphex (Rabeprazole) 20 mg #30 with 4 refills. Rabeprazole is a proton pump inhibitor not recommended by the Official Disability Guidelines. Furthermore, the medical records do not indicate the injured worker meets the MTUS the criteria for the use of proton pump inhibitors: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASPIRIN, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose aspirin. The request is not medically necessary.

Chondroitin/Glucosamine 400/500 mg #90 with 6 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Glucosamine/Chondroitin (for knee arthritis).

Decision rationale: The injured worker sustained a work related injury on 7/9/10. The medical records provided indicate the diagnosis of bilateral chondromalacia, bilateral posterior tibialis tendinosis, left popliteal bursitis, and bilateral wrist tendinosis. Treatment to date has included chiropractic treatment, Hyalgan injections, and medication. The medical records provided for review do indicate a medical necessity for Chondrotin/Glucosamine 400/500 mg #90 with 6 refills. The MTUS and the Official Disability Guidelines recommend the use of this medication as an option in patients with moderate arthritis pain, especially for knee osteoarthritis. The request is medically necessary.