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| <b>Case Number:</b>   | CM15-0199333 |                              |            |
| <b>Date Assigned:</b> | 10/14/2015   | <b>Date of Injury:</b>       | 10/25/2002 |
| <b>Decision Date:</b> | 11/23/2015   | <b>UR Denial Date:</b>       | 09/10/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/09/2015 |

### 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  
 Certification(s)/Specialty: Emergency 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(n) 61 year old female, who sustained an industrial injury on 10-25-02. The injured worker was diagnosed as having bilateral knee pain, left shoulder pain with impingement and discomfort, bilateral cubital tunnel syndrome, thoracic and lumbar pain and bilateral foot pain. The PR2 dated 7-30-15 indicated 2-3 out of 10 pain at best and 8-9 out of 10 pain at worst. The physical exam revealed swelling in both knees, crepitus with range of motion and increased warmth of knees. As of the PR2 dated 9-1-15, the injured worker reports increased back and shoulder pain, neck pain that radiates down the left arm and pain in her knees and feet. She rates her pain 4 out of 10 currently, over the past month the lowest was 3 out of 10 pain and the highest was 10 out of 10 pain. Objective findings include swelling in both knees, crepitus with range of motion and increased warmth of knees. Current medications include Voltaren (since at least 7-30-15), Nexium (since at least 7-30-15) and Voltaren gel. Treatment to date has included a TENS unit. The treating physician requested Nexium DR 40mg #30 x 3 refills and Voltaren 50mg x 3 refills. The Utilization Review dated 9-10-15, non-certified the request for Nexium DR 40mg #30 x 3 refills and modified the request for Voltaren 50mg x 3 refills to Voltaren 50mg x 1 refill.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Nexium DR 40mg #30 times 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** The requested Nexium DR 40mg #30 times 3 refills is not medically necessary. California's Division of Worker's Compensation Medical Treatment Utilization Schedule 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors. The injured worker has thoracic and lumbar pain and bilateral foot pain. The PR2 dated 7-30-15 indicated 2-3 out of 10 pain at best and 8-9 out of 10 pain at worst. The physical exam revealed swelling in both knees, crepitus with range of motion and increased warmth of knees. As of the PR2 dated 9-1-15, the injured worker reports increased back and shoulder pain, neck pain that radiates down the left arm and pain in her knees and feet. She rates her pain 4 out of 10 currently, over the past month the lowest was 3 out of 10 pain and the highest was 10 out of 10 pain. Objective findings include swelling in both knees, crepitus with range of motion and increased warmth of knees. Current medications include Voltaren (since at least 7-30-15), Nexium (since at least 7-30-15) and Voltaren gel. The treating physician has not documented medication-induced GI complaints nor GI risk factors, nor objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Nexium DR 40mg #30 times 3 refills is not medically necessary.

**Voltaren 50mg times 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** The requested Voltaren 50mg times 3 refills is not medically necessary. California's Division of Worker's Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatory are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The injured worker has thoracic and lumbar pain and bilateral foot pain. The PR2 dated 7-30-15 indicated 2-3 out of 10 pain at best and 8-9 out of 10 pain at worst. The physical exam revealed swelling in both

knees, crepitus with range of motion and increased warmth of knees. As of the PR2 dated 9-1-15, the injured worker reports increased back and shoulder pain, neck pain that radiates down the left arm and pain in her knees and feet. She rates her pain 4 out of 10 currently, over the past month the lowest was 3 out of 10 pain and the highest was 10 out of 10 pain. Objective findings include swelling in both knees, crepitus with range of motion and increased warmth of knees. Current medications include Voltaren (since at least 7-30-15), Nexium (since at least 7-30-15) and Voltaren gel. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Voltaren 50mg times 3 refills is not medically necessary.