

<b>Case Number:</b>	CM15-0204614		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	08/22/2012
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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: New Jersey

Certification(s)/Specialty: Family Practice

### 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 49 year old female, who sustained an industrial injury on 8-22-2012. The injured worker was diagnosed as having pain in joint, lower leg, chondromalacia of patella, effusion of joint, lower leg, and tear of medial cartilage or meniscus of knee, current. Treatment to date has included diagnostics, arthroscopic knee surgeries (2012 and 2013), physical therapy, and medications. Currently (9-14-2015), the injured worker complains of left knee pain, "unchanged" and associated with swelling, and right heel pain. Pain was rated 7 out of 10. Medications included Ketoprofen (since at least 4-2014), Gabapentin (since at least 2-2015), Omeprazole (since at least 4-2015 for gastrointestinal irritation secondary to Ketoprofen with no gastrointestinal complaints noted on 4-27-2015, previous progress report (3-30-2015) noted that Tramadol caused upset stomach), and Voltaren gel (since at least 6-15-2015), with no side effects reported. Objective findings included tenderness to palpation in the lateral and medial side of the patella, effusion of the left knee, and limited range of motion in the left knee due to pain. Current work status was not noted, noting modified status (sedentary only) on 9-02-2015. X-rays of the knees (5-2014) were documented as "completely normal." On 9-18-2015, Utilization Review non-certified a request for Omeprazole 20mg #30 and Voltaren gel 1% tube.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg, #30 1 PO QD:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors (PPIs).

**Decision rationale:** The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. The ODG states that decisions to use PPIs long-term must be weighed against the risks. The potential adverse effects of long-term PPI use include B12 deficiency; iron deficiency; hypomagnesemia; increased susceptibility to pneumonia, enteric infections, and fractures; hypergastrinemia, and cancer. H2- blockers, on the other hand have not been associated with these side effects in general. In the case of this worker, there was insufficient evidence found in the notes to support a history suggestive of increased risk for gastrointestinal events to warrant regular PPI use. Therefore, considering the risks associated with chronic use of omeprazole and lack of evidence for appropriateness, this request is not medically necessary.

**Voltaren gel 1%, #1 tube, apply 4 grams:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (diclofenac). Ketoprofen is not currently one of the topical NSAIDs available that is FDA approved, and it has a high incidence of photocontact dermatitis. All topical NSAID preparations can lead to blood concentrations and systemic effect comparable to those from oral forms and caution should be used for patients at risk, including those with renal failure and hypertension. In the case of this worker, there was insufficient reporting found in the notes to say how effective topical Voltaren was at reducing pain and increasing overall function. Also, it is not clear why two NSAIDs were being prescribed for this worker (ketoprofen and Voltaren gel) which is unnecessary. Therefore, this request for Voltaren gel is not medically necessary.