MAXIMUS Federal Services

| Case Number: | CM15-0021013 | | |
|---|---|---|---|
| Date Assigned: | 02/10/2015 | Date of Injury: | 07/08/2014 |
| Decision Date: | 03/31/2015 | UR Denial Date: | 01/05/2015 |
| Priority: | Standard | Application Received: | 02/04/2015 |

## 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: Texas, Ohio, California
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 applicant is a represented 62-year-old [redacted] beneficiary who has filed a claim for knee, neck, and arm pain reportedly associated with an industrial injury of July 8, 2014.In a Utilization Review Report dated January 5, 2015, the claims administrator failed to approve a request for diclofenac and omeprazole reportedly dispensed in December 2014.The applicant's attorney subsequently appealed. In a December 15, 2015 progress note, the applicant reported ongoing complaints of knee and neck pain, 6/10, exacerbated by cold weather. A well-healed surgical scar is noted about the knee. The applicant is status post ORIF of left knee fracture. Diclofenac was endorsed. Prilosec was prescribed for gastric protective effect as opposed to actual symptoms of reflux. The applicant was 62 years old as of this point, it is incidentally noted. A functional capacity was endorsed. The applicant did not appear to be working with limitations in place.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for 60 diclofenac XR 100mg, dispensed on 12/14/2015:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): Chronic Pain Medical Treatme.

**Decision rationale:** 1. No, the request for diclofenac, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as diclofenac do represent the traditional first line of treatment for various chronic pain conditions, including the chronic knee pain reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant was/is off of work, it was suggested in the December 15, 2014. 6/10 pain was reported on that date. The applicant was having difficulty walking. The attending provider failed to outline any quantifiable decrements in pain or material improvements in function effected as a result of ongoing diclofenac usage (if any). Therefore, the request is not medically necessary.

**Retrospective request for 60 Omeprazole 20 mg, dispensed on 12/15/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): Chronic Pain Medical Treatment Guidelines 8 C.

**Decision rationale:** 2. Similarly, the request for omeprazole (Prilosec) is likewise not medically necessary, medically appropriate, or indicated here. The attending provider indicated in the December 15, 2014 progress note that omeprazole was endorsed for gastric protective effect as opposed to for actual symptoms of reflux. However, the applicant does not seemingly meet criteria set forth on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines for prophylactic usage of proton pump inhibitors, namely, the applicant is not aged 65 years of age and is using NSAID (age 62 as of the date of the request), is not using multiple NSAIDs, is not using NSAIDs in conjunction with corticosteroids and does not have a history of prior GI bleeding and/or peptic ulcer disease, which would compel prophylactic usage of omeprazole. Therefore, the request is not medically necessary.