

Case Number:	CM15-0023227		
Date Assigned:	02/12/2015	Date of Injury:	09/09/2014
Decision Date:	03/31/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	02/06/2015

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: Utah, Arkansas
 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 41 year old male, who sustained an industrial injury on 9/9/14. He has reported left knee pain. The diagnoses have included left knee synovitis. Treatment to date has included MRI of the left knee, physical therapy, oral and topical medications and knee injections. As of the PR2 dated 12/19/14, the injured worker reports feeling much better after left knee injection. The treating physician indicated that the injured worker had some systemic side effects from the oral NSAIDs and was going to start Voltaren gel. The treating physician requested Ibuprofen 800mg #90 x 1 refill, Voltaren 1% #1 x 3 refills and Prilosec 20mg #30 x 1 refill. On 1/8/15 Utilization Review non-certified a request for Ibuprofen 800mg #90 x 1 refill, Voltaren 1% #1 x 3 refills and Prilosec 20mg #30 x 1 refill. The utilization review physician cited the MTUS guidelines for chronic pain medical treatment and the ODG guidelines for pain. On 1/9/15, the injured worker submitted an application for IMR for review of Ibuprofen 800mg #90 x 1 refill, Voltaren 1% #1 x 3 refills and Prilosec 20mg #30 x 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #90 Refill: 1: 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 NSAIDs (non-steroidal anti-inflammatory drugs) pages 66-73.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Ibuprofen. MTUS guidelines state that these medications are recommended at the lowest dose for the shortest period in patient with moderate to severe pain. This is also recommended as a first line medication in pain. According to the clinical documentation provided and current MTUS guidelines; Ibuprofen is indicated a medical necessity to the patient at this time.

Voltaren 1% Gel #1 Refill: 3: 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)-TWC Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel, page 112. Diclofenac .

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Voltaren Gel. MTUS guidelines state the following: 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 patient currently lacks documentation of a diagnosis for osteoarthritis. According to the clinical documentation provided and current MTUS guidelines; Voltaren Gel is not indicated as a medical necessity to the patient at this time.

Prilosec 20mg #30 Refill: 1: 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 NSAIDs, GI symptoms & cardiovascular risk, page(s) 67-69.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Prilosec. According to the clinical documents, there is no documentation that the patient has a history of reflux or gastrointestinal symptoms that would warrant the usage of this medication. There is, however, evidence that the patient is at increased risk for gastrointestinal complications that would warrant the use of this medication in the patient. The patient is taking Ibuprofen 800 mg three times daily. According to MTUS guidelines, increased risk is defined as: (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). The use of Prilosec, as stated in the above request, is determined to be a medical necessity at this time.