

Case Number:	CM15-0051710		
Date Assigned:	03/25/2015	Date of Injury:	08/15/2007
Decision Date:	05/05/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/18/2015

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 York, West Virginia, Pennsylvania
 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 60 year old male, who sustained an industrial injury on 6/15/2007. Diagnoses have included degenerative arthritis of the left and right knee. Treatment to date has included Hyalgan injections and medication. According to the progress report dated 1/8/2015, the injured worker complained of pain in both knees. Physical exam revealed tender medial joint line. Gait was mildly antalgic. The injured worker was prescribed Norco, Diclofenac and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: Guidelines recommend patients who are treated with opioids be monitored for efficacy, improved functionality, side effects, and signs of aberrant drug use. In this case, there is no documentation of maintained increase in function, decrease in pain, or evidence of screening exams for misuse with the use of Norco. The request for Norco 10/325 mg #60 is not medically appropriate and necessary.

Diclofenac 100 mg Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 71.

Decision rationale: Guidelines recommend diclofenac for treatment of osteoarthritis at the lowest dose for the shortest possible period of time. The clinical documentation fails to provide efficacy of this medication over time and this medication is recommended only for short term use. Thus, the request for Diclofenac 100 mg is not medically necessary and appropriate.

Omeprazole 20 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: Guidelines recommend use of PPIs in patients at high risk for gi complications of NSAID use. In this case, the patient is not over 65 yrs; there is no evidence of increased risk for adverse gi events, or any other indication for a PPI. The request for Omeprazole 20 mg is not medically appropriate and necessary.