

Case Number:	CM15-0055071		
Date Assigned:	03/30/2015	Date of Injury:	03/25/1999
Decision Date:	05/14/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/23/2015

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: Physical Medicine & Rehabilitation

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 74-year-old female who reported an injury on 03/25/1999. The mechanism of injury was not provided. The documentation of 02/12/2015 revealed the injured worker had hip problems. The injured worker was in for a routine follow-up. The physical examination revealed the injured worker utilized a cane. The injured worker had some tenderness to palpation over the trochanteric bursa of the left hip. The treatment plan included a continuation of the current activities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Re-evaluation with 6 weeks: 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)-low back chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis Chapter, Office visit.

Decision rationale: The Official Disability Guidelines indicate that the need for a clinical office visit with a health care provider is individualized based upon the review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The clinical documentation submitted for review failed to provide a rationale for the request. The date of service being requested was not provided. Additionally, the request as submitted failed to indicate the specific physician to follow-up with the injured worker. Given the above, the request for re-evaluation with 6 weeks is not medically necessary.

Prilosec 20 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NASIDs, GI symptoms, and cardiovascular risk.

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend proton pump inhibitors for injured workers at intermediate risk or higher for gastrointestinal events. The clinical documentation submitted for review failed to provide documentation that the injured worker was at intermediate risk or higher for gastrointestinal events. The efficacy for the requested medication was not provided. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Prilosec 20 mg #60 is not medically necessary.

Voltaren 1% gel #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel Page(s): 112.

Decision rationale: The California MTUS guidelines indicate that Voltaren Gel 1% (diclofenac) is an FDA-approved agent indicated for relief of osteoarthritis pain in joints that lends themselves to topical treatment such as the ankle, elbow, foot, hand, knee, and wrist. It has not been evaluated for treatment of the spine, hip or shoulder. Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity). The clinical documentation submitted for review failed to provide a necessity for both an oral and topical form of an NSAID. There was a lack of documentation indicating the injured worker had osteoarthritis. The request as submitted failed to indicate the frequency and body part to be treated. Given the above, the request for Voltaren 1% gel #100 is not medically necessary.

Diclofenac extended release 100 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter (chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The California MTUS guidelines indicate that NSAIDS are recommended for short term symptomatic relief of mild to moderate pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review failed to provide documentation of objective functional improvement and an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for diclofenac extended release 100 mg #30 is not medically necessary.