

<b>Case Number:</b>	CM15-0055120		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	09/20/2011
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 (IW) is a 58-year-old male who sustained an industrial injury on 09/20/2011. Diagnoses include status post left knee arthroscopy with residual patellofemoral arthralgia/osteoarthritis and medial meniscus tear; right knee medial meniscus tear and moderate to high grade chondromalacia; thoracolumbar musculoligamentous sprain/strain with bilateral lower extremity radiculopathy and left ankle chronic sprain and left foot plantar fasciitis of compensatory onset. Treatment to date has included medications, pool therapy, cortisone injection to the left knee, left knee surgery, cane use, bracing and physical therapy. Diagnostics performed to date included electrodiagnostic studies, x-rays and MRIs. According to the progress notes dated 10/27/14, the IW reported bilateral knee and low back pain. On examination, tenderness was present over the medial and lateral joint lines and patellofemoral region. A request was made for Tylenol #3, Prilosec and Flector patch; the Tylenol #3 is beneficial for his pain, but upsets his stomach. There was no rationale offered for the request of the Flector patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol No 3 Qty 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

**Decision rationale:** Tylenol No 3 Qty 60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals. There have been prior peer review recommendations for weaning. The request for Tylenol No 3 Qty 60 is not medically necessary.

**Prilosec 20 mg Qty 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** Prilosec 20 mg Qty 30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria (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 guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The documentation does not indicate that the patient meets the criteria for a proton pump inhibitor therefore the request for Omeprazole is not medically necessary.

**Flector patch 1.3% Qty 60:** Upheld

**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 Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain- Flector patch (diclofenac epolamine).

**Decision rationale:** Flector Patch 1.3 % Qty 60 is not medically necessary per the MTUS guidelines. Flector patch is a topical patch that contains the non steroidal anti-inflammatory (NSAID) Diclofenac which is 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 ODG states that Flector patch is FDA indicated for acute strains, sprains, and contusions. (FDA, 2007) On 12/07/09 the FDA issued

warnings about the potential for elevation in liver function tests during treatment with all products containing diclofenac. The documentation indicates that the patient has chronic pain, specifically knee and low back pain. This medication is not indicated for chronic pain and there are not extenuating factors necessitating its use. Additionally, Diclofenac is not indicated for the spine and the recent documentation indicates that the patient has low back and knee pain. For all of these reason the request for Flector Patch is not medically necessary.