

Case Number:	CM15-0081421		
Date Assigned:	05/04/2015	Date of Injury:	01/16/2014
Decision Date:	06/03/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/28/2015

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: Florida
 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 48 year old female who sustained an industrial fall injury on 01/16/2014. The injured worker was diagnosed with left hip sprain/strain, left knee strain/contusion, left foot pain radiating from hip. Treatment to date includes diagnostic testing, conservative measures and medications. Previous surgical history includes a right laminectomy, discectomy in 1996. According to the primary treating physician's progress report on March 24, 2015, the injured worker reports her knee is inflamed since returning to work and she has continued burning sensation in the left hip. Examination of the bilateral hips demonstrated mild tenderness over the greater trochanter on the right without swelling or crepitus. Examination of the left knee noted lateral subluxation of the patella with crepitus, guarding, decreased range of motion and weak quadriceps. The injured worker ambulates with an antalgic gait protecting the left knee. Current medications are listed as Naproxen, Omeprazole and Voltaren Gel. Treatment plan consists of lumbar magnetic resonance imaging (MRI), physical therapy, left hip trochanteric injections and the current request for Voltaren gel and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole capsules 20mg, #30 with 1 refill (30 day supply): 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: In accordance with California MTUS guidelines, PPI's (Proton Pump Inhibitors) can be utilized if the patient is concomitantly on NSAIDs and if the patient has gastrointestinal risk factors. Whether the patient has cardiovascular risk factors that would contraindicate certain NSAID use should also be considered. The guidelines state, "Recommend with precautions as indicated. Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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)." This patient does not have any of these gastrointestinal or cardiovascular risk factors. Likewise; this request for Omeprazole is not medically necessary.

Voltaren gel 1%, #100 (14 day supply): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics - Non-steroidal antiinflammatory agents (NSAIDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Voltaren Gel (diclofenac).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: In accordance with California MTUS guidelines, topical analgesics are considered "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." Guidelines go on to state that, "There is little to no research to support the use of many of these agents." The guideline specifically says, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The requested topical analgesic contains an NSAID medication, Voltaren. MTUS guidelines specifically state regarding "Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." This patient has chronic pain, and there is no specific documentation of an Osteoarthritis diagnosis. Likewise, the requested medication is not medically necessary.