

<b>Case Number:</b>	CM15-0088402		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	07/15/2014
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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 27 year old female, who sustained an industrial injury on 7/15/2014. She reported walking down the stairs, twisting her knee and falling. She had an immediate large effusion. Diagnoses have included right knee derangement. Treatment to date has included right knee surgery, physical therapy and medication. According to the initial evaluation report dated 2/24/2015, the injured worker complained of right knee pain with radiation to the right leg. The pain was associated with numbness and weakness in the right leg. She rated the severity as 8/10, 5/10 at best and 9/10 at worst. Her average pain for the past seven days was rated 8/10. She reported being able to walk three blocks before having to stop due to pain. Exam of the right knee revealed a well-healed incision. There was tenderness to palpation over the medial joint line and infrapatellar region. Authorization was requested for Trazadone, Diclofenac XR, Prilosec and Methyl Salicylate 15%.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac XR 100mg #30, refills unlisted:** 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 NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

**Decision rationale:** This patient presents with right knee pain. The current request is for Diclofenac XR 100mg #30 refills unlisted. The Request for Authorization is dated 03/13/15. Treatment to date has included right knee surgery-November 2014, physical therapy, TENS and medications. The patient is currently not working. MTUS guidelines page 67 and 68 recommend NSAIDs (non-steroidal anti-inflammatory drugs) as an option for short-term symptomatic relief. ODG-TWC, Pain (Chronic) Chapter, under Diclofenac states: Not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%. For a patient who has a 5% to 10% risk of having a heart attack that is a significant increase in absolute risk, particularly if there are other drugs that do not seem to have that risk. For people at very low risk, it may be an option. (McGettigan, 2011) According to initial evaluation report dated 02/24/15, the patient complains of right knee pain with radiation to the right leg. Examination of the right knee revealed a well-healed incision. There was tenderness to palpation over the medial joint line and infrapatellar region. The pain is relieved with rest and medications. The pain is described as 9/10 at its worst and 5/10 at its best. The patient is currently taking Ibuprofen. Under treatment plan, Diclofenac was prescribed as a non-steroidal anti-inflammatory medication. The patient's current medication included Ibuprofen and there is no discussion that this medication is ineffective and the patient's risk profile is not addressed. ODG does not support this medication unless other NSAIDs have failed and the patient is a very low risk profile. The request is not medically necessary.

**Prilosec 20mg #60, refills unlisted:** 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 Omeprazole Page(s): 68, 69.

**Decision rationale:** This patient presents with right knee pain. The current request is for Prilosec 20mg #60, refills unlisted. The Request for Authorization is dated 03/13/15. Treatment to date has included right knee surgery-November 2014, physical therapy and medications. The patient is currently not working. The MTUS Guidelines page 68 and 69 state that omeprazole is recommended with precaution for patients for gastrointestinal events including: ages greater than 65, history of peptic ulcer disease and GI bleeding or perforation, concurrent use of ASA or corticoid and/or anticoagulant, high dose/multiple NSAID. According to progress report, the patient complains of right knee pain with radiation to the right leg. Examination of the right knee revealed a well-healed incision. There was tenderness to palpation over the medial joint line and infrapatellar region. The pain is relieved with rest and medication. The pain is described as 9/10 at its worst and 5/10 at its best. Prilosec was prescribed decrease the risk of gastrointestinal irritation and as a prophylaxis against peptic ulcer disease. This patient's current medication includes Ibuprofen, but there is no documentation of dyspepsia or GI issues to warrant the use of omeprazole. Routine prophylactic use of PPI without documentation of gastric issues is not supported by MTUS Guidelines without GI assessment. The requested Prilosec is not medically necessary.

