

<b>Case Number:</b>	CM14-0160708		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	07/08/2014
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2014

### 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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is an injured worker with hypertension, hypercholesteremia, and left knee status post open reduction internal fixation tibial plateau fracture. Mechanism of injury was mechanical fall. Date of injury was 07-08-2014. Consultation note dated 07/10/2014 documented that the patient had a past medical history of hypertension and hypercholesteremia. She had a mechanical fall and was brought to the emergency room and was found to have a left tibial fracture. Medications included Norco, Atorvastatin, Motrin, and Hydrochlorothiazide. Diagnoses were left tibial fracture, hypertension, and hypercholesterolemia. Open reduction and internal fixation of left tibial plateau fracture with allograft was performed 7/10/14. Internal medicine progress note dated 7/13/14 documented hemoglobin 10. Primary treating physician's progress report dated 08-25-2014 documented subjective complaints of left knee pain. The patient continues to do well with regard to her left knee. She has substantial reduction in pain. She is non-weight bearing on the left lower extremity. X-rays reveal acceptable position and alignment of the fracture and hardware with healing. Objective findings were documented. Left knee had well healed scars. Neurovascular status is intact. Left knee flexion was 90 degrees. Diagnosis was left knee status post open reduction internal fixation tibial plateau fracture. Treatment plan included physical therapy, Diclofenac XR, Omeprazole 20 mg for NSAID gastritis prophylaxis, and Tramadol ER. Utilization review determination date was 9/5/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective 60 Diclofenac XR 100mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67-73.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). All NSAIDs have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Use of NSAIDs may compromise renal function. FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile including liver and renal function tests. Routine blood pressure monitoring is recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. All NSAIDs have the potential to raise blood pressure in susceptible patients. The greatest risk appears to occur in patients taking the following anti-hypertensive therapy: angiotensin-converting enzyme (ACE) inhibitors, angiotensin receptor blockers, beta-blockers, or diuretics. Medical records document that the patient has a diagnosis of hypertension managed with the diuretic Hydrochlorothiazide. Per MTUS, NSAIDs are associated with the risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. MTUS guidelines warn against the use of NSAIDs with patients with hypertension taking diuretics. Internal medicine progress note dated 7/13/14 documented anemia hemoglobin 10. Per MTUS, NSAIDs can cause ulcers and bleeding in the stomach and intestines. Given the patient's anemia, NSAIDs are not recommended. Medical records indicate the long-term use of NSAIDs. Per MTUS, it is generally recommended that the lowest dose be used for NSAIDs for the shortest duration of time. The use of the NSAID Diclofenac XR is not supported by medical records and MTUS guidelines. Therefore, the request for 60 Diclofenac XR 100mg is not medically necessary.

**Retrospective 60 Omeprazole 20mg:** Upheld

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

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

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs and gastrointestinal risk factors. Proton Pump Inhibitor (PPI), e.g. Omeprazole, is recommended for patients with gastrointestinal risk factors. Medical records do not document gastrointestinal conditions. NSAID medications have been determined to be not medically necessary. There are no documented gastrointestinal risk factors. The

medical records do not support the medical necessity of Omeprazole. Therefore, the request for 60 Omeprazole 20mg is not medically necessary.