

<b>Case Number:</b>	CM14-0176522		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	05/06/1997
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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:

Medical Records reflect the claimant is a 69-year old female who sustained a work injury on 5-6-97. The claimant has a history of bilateral knee pain. Office visit on 9-5-14 notes the claimant has no new problems. She is unchanged. She uses her pain medications, the patch, the ointment and pills help manage her pain. She feels medications help with her pain and make her more functional. The treating doctor notes the claimant is unchanged and uses her medications that help with her pain. The claimant is continued with her medications. He recommended replacing her recliner chair, consultation with orthopedic surgeon; likely MRI of the right knee, Synvisc injections x 6.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aciphex 20 mg tab, take 1 tab daily prn # 30 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS GI effects.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines notes that PPI are indicated for patients with intermediate or high risk for GI events. There is an absence in documentation

noting that this claimant has secondary GI effects due to the use of medications or that she is at an intermediate or high risk for GI events. Therefore, the Aciphex 20 mg tab, take 1 tab daily prn # 30 with 2 refills is not medically necessary.

**Flector 1.3 % patch , apply one patch per day prn #60 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics - NSAID's Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - topical analgesics - NSAIDs

**Decision rationale:** Chronic Pain Medical Treatment Guidelines as well as ODG notes that 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. There is an absence in documentation noting that this claimant cannot tolerate oral medications or that she has failed first line of treatment. Therefore, the Flector 1.3 % patch, apply one patch per day prn #60 with 2 refills is not medically necessary.