

<b>Case Number:</b>	CM15-0014875		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	07/08/2014
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 62 year old female, who sustained an industrial injury on 07/08/2014. She has reported that she tripped and fell off of a step stool subsequently landing on her left lower extremity noting severe pain. Diagnoses include degenerative joint disease of the left knee, status post left knee open reduction internal fixation tibial plateau fracture, and head injury. Treatment to date has included medication regimen, above listed surgical procedure, and physical therapy. In a progress note dated 12/15/2014 the treating provider reports intermittent, sharp knee pain that is rated a six out of ten. The treating physician requested the medications of Diclofenac XR for the anti-inflammatory and Omeprazole for non-steroidal anti-inflammatory gastritis prophylaxis. On 01/06/2015 Utilization Review non-certified the retrospective requested treatments of Diclofenac XR 100mg for a quantity of 60 and Omeprazole 20mg with a quantity of 60 for the date of 12/15/2014, noting the California Chronic Pain Medical Treatment Guidelines (May 2009), Diclofenac (Voltaren); and Proton Pump Inhibitors (PPI), NSAIDS, GI Symptoms & Cardiovascular Risk.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request Diclofenac XR 100mg #60 between 12/15/2014 and 12/15/2014:**

Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67 - 69.

**Decision rationale:** There is no documentation that Diclofenac improves the long term functional outcome of the patient's surgery. MTUS, Chronic Pain notes that NSAIDs should be used at the lowest dose and for the shortest period of time. NSAIDS are associated with GI, cardiovascular and renal adverse effects. Also, NSAIDS decrease soft tissue healing. Diclofenac is not medically necessary for this patient.

**Retrospective request Omeprazole 20mg # 60 between 12/15/2014 and 12/15/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs).

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

**Decision rationale:** There is no documentation of GI bleeding or peptic ulcer disease. The patient is not 65 years of age or older. Furthermore, Diclofenac is not medically necessary. Omeprazole is not medically necessary for this patient.