

Case Number:	CM15-0126330		
Date Assigned:	07/10/2015	Date of Injury:	11/24/2010
Decision Date:	08/06/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/30/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 53 year old female, who reported an industrial injury on 11/24/2010. Her diagnoses, and or impression, were noted to include: left knee patellofemoral arthrosis; degenerative joint disease in the bilateral knees; status-post left knee arthroscopy; rule-out right knee internal derangement; neuropathic pain; and sleep disturbance. No current imaging studies were noted. Her treatments were noted to include medication management and rest from work. The progress notes of 5/12/2015 noted a follow-up appointment with complaints of continued moderate-severe pain in her knees, with radicular low back pain down both lower extremities; aggravated by activities and improved some with medications and rest. Objective findings were noted to include a normal gait; tenderness in the para-lumbar musculature; pain with lumbar forward flexion and extension; tenderness in the medial joint of the left knee and patellofemoral facet; and tenderness in the lateral joint line and patellofemoral facet of the right knee. The physician's requests for treatments were noted to include the initiation of Diclofenac DR for inflammation, Omeprazole to reduce non-steroidal anti-inflammatory gastritis, and Wellbutrin for depression and neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac DR 100mg #60: 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 ODG, pain section, under Diclofenac Page(s): 67.

Decision rationale: This claimant was injured now about 5 years ago with left knee patellofemoral arthrosis; degenerative joint disease in the bilateral knees; status-post left knee arthroscopy; rule-out right knee internal derangement; neuropathic pain; and sleep disturbance. As of May 2015, there was continued pain in the knees, with radicular low back pain down both lower extremities. The pain was aggravated by activities and improved somewhat with medications and rest. The request is for the NSAID, Diclofenac. The MTUS recommends non-steroidal anti-inflammatory drugs (NSAID) medication such as Diclofenac for osteoarthritis, at the lowest does, and the shortest period possible. The use here appears chronic, with little information in regards to functional objective improvement out of the use of the prescription Naproxen. Further, the guides cite that there is no reason to recommend one drug in this class over another based on efficacy. It is not clear why a prescription variety of NSAID would be necessary, therefore, when over the counter NSAIDs would be sufficient. There is no evidence of long-term effectiveness for pain or function. This claimant though has been on some form of a prescription non-steroidal anti-inflammatory medicine for some time, with no documented objective benefit or functional improvement. The MTUS guideline of the shortest possible period of use is clearly not met. Without evidence of objective, functional benefit, such as improved work ability, improved activities of daily living, or other medicine reduction, the MTUS does not support the use of this medicine. It is appropriately non-certified. Also, regarding Diclofenac, the ODG notes: 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%. There was no documentation of the dosing schedule and there is no documentation of functional improvement from prior use to support its continued use for the several months proposed. Moreover, it is not clear if the strong cardiac risks were assessed against the patient's existing cardiac risks. The request was not medically necessary.

Omeprazole 20mg #60: 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 Page(s): 68 of 127.

Decision rationale: As shared previously, this claimant was injured now about 5 years ago with left knee patellofemoral arthrosis; degenerative joint disease in the bilateral knees; status-post left knee arthroscopy; rule-out right knee internal derangement; neuropathic pain; and sleep disturbance. As of 5/12/2015, there was continued pain in the knees, with radicular low back pain down both lower extremities; aggravated by activities and improved some with medications and rest. The MTUS speaks to the use of Proton Pump Inhibitors like in this case in the context of Non Steroid Anti-inflammatory Prescription. It notes that clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors such as: (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). Sufficient gastrointestinal risks are not noted in these records. The request is not medically necessary based on MTUS guideline review.

Wellbutrin 150mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, under Antidepressants.

Decision rationale: This claimant was injured about 5 years ago with left knee patellofemoral arthrosis; degenerative joint disease in the bilateral knees; status-post left knee arthroscopy; rule-out right knee internal derangement; neuropathic pain; and sleep disturbance. As of 5/12/2015, there was continued pain in the knees, with radicular low back pain down both lower extremities; aggravated by activities and improved some with medications and rest. The request is for the antidepressant Wellbutrin. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding antidepressants to treat a major depressive disorder, the ODG notes: Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. In this case, it is not clear what objective benefit has been achieved out of the antidepressant usage, how the activities of daily living have improved, and what other benefits have been. It is not clear if this claimant has a major depressive disorder as defined in DSM-IV. If used for pain, it is not clear what objective, functional benefit has been achieved. The request is not medically necessary.