

Case Number:	CM15-0175950		
Date Assigned:	09/17/2015	Date of Injury:	11/04/2006
Decision Date:	10/23/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/08/2015

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 56 year old female, who sustained an industrial injury on 11-4-2006. She reported injuries to left leg, right knee, bilateral feet and ankles from a falls, subsequently diagnosed with an ankle fracture and was casted for a period of time. Diagnoses include bilateral ankle pain, bilateral knee pain, severe osteoarthritis left knee, neck pain, pain in thoracic spine and disorder of the sacrum, status post multiple bilateral knee arthroscopies and right ankle surgery. Treatments to date include activity modification, ankle splint, weight loss program, non-weight bearing exercises, aquatic therapy, topical and oral medications. Currently, she complained of ongoing bilateral knee pain and ankle pain. She reported relief with use of diclofenac cream. On 8-13-15, the physical examination documented 2+ pitting edema in bilateral lower extremities. The plan of care included continued weight loss, physical therapy, and medication therapy as previously prescribed. The appeal requested authorization of Diclofenac Sodium 1.5 %, 60 grams, apply to the affected area three times a day #2; and Pantoprazole 20mg, one to two tablets daily #60. The Utilization Review dated 8-28-15, denied the request indicating the California MTUS Guidelines "topical analgesics are largely experimental" and "this patient is not at intermediate risk of gastrointestinal events" per CA MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium 1.5% 60gm (apply to affected area three times a day) #2: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The patient presents on 08/13/15 with bilateral knee and ankle pain. The patient's date of injury is 11/04/06. Patient is status post bilateral knee arthroscopy and right ankle surgery at a date unspecified. The request is for Diclofenac Sodium 1.5% 60gm (apply to affected area three times a day) #2. The RFA is dated 08/13/15. Physical examination dated 08/13/15 reveals 2+ pitting edema in the bilateral lower extremities, no other significant findings are included. The patient is currently prescribed Venlafaxine, topical Diclofenac, Protonix, and Advil (OTC). Patient is currently classified as permanent and stationary. MTUS Guidelines, Topical Analgesics section, under Non-steroidal anti-inflammatory agents, page 111-112 has the following: "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." "...this class in general is only recommended for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). In regard to the use of topical Diclofenac for this patient's ongoing bilateral knee complaints, the request is appropriate. This patient presents with pain in the bilateral knees and ankles secondary to surgical intervention and continued joint inflammation." Per progress note dated 08/13/15, the provider states: "She continues to have bilateral knee pain made better with the use of Diclofenac cream as a topical anti-inflammatory." MTUS supports medications of this class for peripheral joint complaints, while the treatment plan states that the medication is to be "applied to affected area" the provider specifically states that it is being used for the bilateral knees. Given the documentation of a condition for which the use of topical NSAIDs are considered a treatment option, and the documented efficacy when used on a peripheral joint complaint, continuation is substantiated. The request IS medically necessary.

Pantoprazole 20mg #60 (1-2 once a day): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

Decision rationale: The patient presents on 08/13/15 with bilateral knee and ankle pain. The patient's date of injury is 11/04/06. Patient is status post bilateral knee arthroscopy and right ankle surgery at a date unspecified. The request is for Pantoprazole 20mg #60 (1-2 once a day). The RFA is dated 08/13/15. Physical examination dated 08/13/15 reveals 2+ pitting edema

in the bilateral lower extremities, no other significant findings are included. The patient is currently prescribed Venlafaxine, topical Diclofenac, Protonix, and Advil (OTC). Patient is currently classified as permanent and stationary. MTUS Guidelines NSAIDs, specific drug list & adverse effects section, pg. 69 states NSAIDs - Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI... PPI's are also allowed for prophylactic use along with NSAIDS, with proper GI assessment, such as age greater than 65, concurrent use of oral anticoagulants, ASA, high dose of NSAIDs, or history of peptic ulcer disease, etc. In regard to the continuation of Pantoprazole, the request is appropriate. This patient has been prescribed Pantoprazole since at least 06/10/15 for GI upset secondary to medications. Per the most recent progress note, dated 06/23/15, it is noted that this patient's gastrointestinal symptoms are well controlled through the use of this medication and there has been no recurrence of GI upset. Given this patient's history of GI upset secondary to medication use, and the documentation of efficacy provided, the continuation of Pantoprazole is an appropriate prophylactic measure. The request IS medically necessary.