

Case Number:	CM15-0029792		
Date Assigned:	02/23/2015	Date of Injury:	03/13/2011
Decision Date:	04/01/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/18/2015

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: Emergency 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:

The injured worker is a 54 year old female, who sustained an industrial injury on 3/13/2011. The diagnoses have included gastroesophageal reflux disease, osteoarthritis of bilateral knees and lumbar degenerative disc disease. Treatment to date has included physical therapy and medication. According to the Primary Treating Physician's Progress Report dated 1/5/2015, the injured worker complained of left knee pain and discomfort. She had constant mild to moderate pain in the left knee with rest and moderate to severe pain, aching in the left knee with walking. She used a cane and a brace daily. Physical exam revealed abnormal meniscus left knee. Medial joint line and Medial collateral ligament (MCL) tenderness was noted. It was noted that Prevacid was to protect her gastrointestinal tract from the prolonged use of Naprosyn; she did not tolerate Prilosec in the past. Authorization was requested for medications. On 2/2/2015, Utilization Review (UR) non-certified a request for Lansoprazole (Prevacid 24hour) 15mg #30 and Diclofenac Sodium (Voltaren) 1% Topical Gel. The Medical Treatment Utilization Schedule (MTUS) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lansoprazole (Prevacid 24 hour) 15mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69 Page(s): 68-69.

Decision rationale: The requested Lansoprazole (Prevacid 24 hour) 15mg #30, is medically necessary. California's Division of Worker's Compensation Medical Treatment Utilization Schedule 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors. The injured worker has left knee pain and discomfort. She had constant mild to moderate pain in the left knee with rest and moderate to severe pain, aching in the left knee with walking. She used a cane and a brace daily. Physical exam revealed abnormal meniscus left knee. Medial joint line and Medial collateral ligament (MCL) tenderness was noted. It was noted that Prevacid was to protect her gastrointestinal tract from the prolonged use of Naprosyn; she did not tolerate Prilosec in the past. The criteria noted above having been met, Lansoprazole (Prevacid 24 hour) 15mg #30 is medically necessary.

Diclofenac Sodium (Voltaren) 1% Topical gel with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112, 143.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal anti-inflammatory agents, Page 111-112; Non-steroidal anti-inflammatory medications, GI symptoms and cardiovascular risk, Page68-69 Page(s): 68-69, 111-112.

Decision rationale: The requested Diclofenac Sodium (Voltaren) 1% Topical gel with 1 refill, is medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Topical Analgesics, Non-steroidal anti-inflammatory agents, Page 111-112, recommend topical analgesics with documented osteoarthritis with intolerance to oral anti-inflammatory agents; Non-steroidal anti-inflammatory medications, GI symptoms and cardiovascular risk, Page 68-69, note that all NSAIDs have the potential to raise blood pressure in susceptible patients. The injured worker has left knee pain and discomfort. She had constant mild to moderate pain in the left knee with rest and moderate to severe pain, aching in the left knee with walking. She used a cane and a brace daily. Physical exam revealed abnormal meniscus left knee. Medial joint line and Medial collateral ligament (MCL) tenderness was noted. It was noted that Prevacid was to protect her gastrointestinal tract from the prolonged use of Naprosyn; she did not tolerate Prilosec in the past. The treating physician has documented GI intolerance to NSAID's despite PPI treatment.

The criteria noted above having been met, Diclofenac Sodium (Voltaren) 1% Topical gel with 1 refill is medically necessary.