

<b>Case Number:</b>	CM15-0097430		
<b>Date Assigned:</b>	05/28/2015	<b>Date of Injury:</b>	07/15/2013
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2015

### 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 25-year-old male, who sustained an industrial injury on 07/15/2013. He has reported injury to the bilateral shoulders and bilateral knees. The diagnoses have included right and left knee patellofemoral osteoarthritis; right knee medial meniscus tear; status post right knee arthroscopy, partial medial meniscectomy, and chondroplasty, on 02/23/2015; status post left knee arthroscopy, patellofemoral chondroplasty; and status post right shoulder arthroscopy, rotator cuff debridement, subacromial decompression. Treatment to date has included medications, diagnostics, injection, physical therapy, and surgical intervention. Medications have included Tramadol, Relafen, Diclofenac Sodium, and Prilosec. A progress report from the treating physician, dated 05/04/2015, documented a follow-up visit with the injured worker. Currently, the injured worker reports that he is generally doing well and he is recovering from his right knee arthroscopy. Objective findings included bilateral knees with 1+ patellofemoral crepitus; no effusion; no joint line tenderness; and there is full range of motion of his right shoulder. The treatment plan has included the request for Diclofenac Sodium 100 mg #60; and Prilosec 20 mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac Sodium 100 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68, 71.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs), Page 22.

**Decision rationale:** Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk of hip fractures. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic injury nor have they demonstrated any functional efficacy derived from treatment already rendered. The Diclofenac Sodium 100 mg #60 is not medically necessary and appropriate.

**Prilosec 20 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and Cardiovascular risk, Pages 68-69.

**Decision rationale:** Prilosec (Omeprazole) medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The Prilosec 20 mg #60 is not medically necessary and appropriate.