

Case Number:	CM13-0042519		
Date Assigned:	12/27/2013	Date of Injury:	12/13/1999
Decision Date:	02/13/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in <Physical Medicine and Rehabilitation, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 48 year-old male sustained an injury on 12/13/99 while employed by [REDACTED]. Requests under consideration include Diclofenac Sodium ER 100mg #60 and Diclofenac 100mg #60. Report of 9/27/13 from [REDACTED] noted the patient had hypertension and lower extremity edema, worse on left. Edema began after lower extremity surgery and the swelling is decreasing, but the patient still reports pain when walking. Recent ultrasound of the lower extremities was negative for deep vein thrombosis. The patient has not used ice or anti-inflammatory medications but does wrap the extremity with an ACE bandage. He denies history of hypertension but does have history of smoking. Exam showed normal blood pressure, positive edema of left lower leg with TTP and claudication. No significant rashes or skin lesions were visible. Diagnoses included superficial thrombophlebitis, intermittent claudication and tobacco use disorder. Recommendations include compression stockings and diclofenac. Current listed medications include Gabapentin and Tramadol. Requests were non-certified on 10/8/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium 100mg, 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Section Page(s): 22.

Decision rationale: This 48 year-old male sustained an injury on 12/13/99 while employed by [REDACTED]. Report of 9/27/13 from [REDACTED] noted the patient had hypertension and lower extremity edema, worse on left. Edema began after lower extremity surgery and the swelling is decreasing, but the patient still reports pain when walking. Recent ultrasound of the lower extremities was negative for deep vein thrombosis. Exam showed normal blood pressure, positive edema of left lower leg with TTP and claudication. No significant rashes or skin lesions were visible. Diagnoses included superficial thrombophlebitis, intermittent claudication and tobacco use disorder. Recommendations include compression stockings and diclofenac. Although the patient was found to be normotensive on exam, the patient presents with complaints of hypertension and swelling with diagnosis for thrombophlebitis. 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 the NSAID's (non-steroidal anti-inflammatory drugs) functional benefit is advised as long term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. Guidelines also caution the use of NSAIDs as they can increase blood pressure by an average of 5 to 6 mm in patients with hypertension. They may cause fluid retention, edema, and rarely, congestive heart failure. The risk appears to be higher in patients with congestive heart failure, kidney disease or liver disease. NSAIDs appear to have minimal effect on blood pressure in normotensive patients. It is at the discretion of the provider to prescribe any medication including NSAIDs; however, available reports submitted have not adequately addressed the indication of this NSAID for a 1999 injury nor have they demonstrated any functional efficacy derived from treatment already rendered. There is no report of acute flare or new musculoskeletal injuries. NSAIDs is a second line medication after use of acetaminophen. The request for Diclofenac Sodium 100mg, 60 count, is not medically necessary or appropriate

Diclofenac 100mg, 60: Upheld

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MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22:.

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