MAXIMUS Federal Services

Case Number:	CM14-0108324		
Date Assigned:	08/01/2014	Date of Injury:	05/03/2001
Decision Date:	09/15/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/11/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Texas and Oklahoma. 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/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:

The injured worker is a 69-year-old male who reported an injury on 05/03/2001 due to continuous bending and kneeling as a landscaper. The injured worker has diagnoses of lumbar pain compensatory to knee injury, status post total knee arthroplasty left knee in 2004 and status post total knee arthroplasty right knee in 2010. The injured worker's past medical treatment includes physical therapy and medication therapy. Medications include hydrocodone/APAP 10/325 and diclofenac XR 100 mg. The duration and frequency were not submitted with documentation. An MRI of the right knee was obtained in mid-2012. The injured worker underwent total knee arthroplasty of the knees bilaterally. The injured worker complained of bilateral knee pain, he stated that the right knee was hurting more than the left, he rated the pain at 6-7/10. He described the pain as numb with some tingling. Physical examination findings dated 07/11/2014 revealed that the injured worker had diffuse tenderness along the medial and lateral aspects of the tibia. The posterior popliteal and hamstring area were slightly tender without significant swelling. Range of motion revealed that the injured worker had an extension of 180 degrees bilaterally and flexion of 140 degrees bilaterally. There was mild weakness of the quadriceps and hamstring muscles. Neurological examination of the lower extremities were intact except for some mild numbness in the peri-incision area. Examination also revealed a normal cruciate and collateral ligament test with minimal clicking on contact of the prosthesis. The treatment plan was for the injured worker to continue diclofenac XR 100 mg. The rationale for continuation of the diclofenac was that it had been assisting the injured worker with pain. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac XR 100mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Chronic Pain Medical Treatment Guidelines- Opioid.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70-71.

Decision rationale: The injured worker complained of bilateral knee pain, he stated that the right knee was hurting more than the left, he rated the pain at 6-7/10. He described the pain as numb with some tingling. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that Diclofenac is a prescription non-steroidal anti-inflammatory medication. All NSAIDs carry a risk of adverse cardiovascular events including Myocardial Infarction, stroke, and worsening hypertension. Guidelines also state that NSAIDs can cause GI symptoms such as ulcers, bleeding in the stomach, abdominal cramps, nausea and diarrhea. Non-prescription medication may be sufficient for both acute and sub-acute symptoms when used in conjunction with activity modification and ice and/or heat therapy. As the guidelines stipulate that NSAIDs should be used for short term therapy, the submitted report revealed that the injured worker had been using diclofenac since at least 01/07/2014, exceeding MTUS Guidelines. Furthermore, NSAIDs can cause or worsen gastrointestinal symptoms. The efficacy of the medication was not provided in the submitted report. Also, the duration and the frequency of the medication were not provided in the request as submitted. As such, the request for diclofenac XR 100 mg is not medically necessary.