MAXIMUS Federal Services

Case Number:	CM14-0116369		
Date Assigned:	08/04/2014	Date of Injury:	09/14/2012
Decision Date:	09/17/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/24/2014

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 Family Medicine 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 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 patient is a 62 year-old woman who was injured at work on 9/14/2012. The injury was primarily to her ankle and foot. She is requesting review of denial of Diclofenac Sodium ER 100 mg, one tablet BID. Medical records are enclosed and document ongoing care for the injuries. The ongoing diagnoses that are documented in the records include: Ankle Strain, Tibialis Tendinditis, Pain in Joint of Ankle and Foot, and Difficulty in Walking. The patient's treatment has included: tendon repair, physical therapy, a CAM walker, and NSAIDs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium ER 100mg, One tablet BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68, 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of NSAIDs for pain. First, the guidelines note that NSAIDs should be used "at the lowest dose for the shortest period in patients with moderate to severe pain." The evidence in the records indicates that this treatment is being used as a long-term treatment for this patient's

condition. Further, there is no evidence in the medical records to indicate an ongoing assessment of the treatment effect of the NSAID to determine if the patient is receiving any benefit.Second, the dosing recommendation for Diclofenac XR exceeds the maximum dosing from information in the packet insert. The maximum recommended dose of the extended release form of diclofenac is 100 mg/day. At 200 mg/day, the requested dose exceeds these recommendations.In summary, there is insufficient documentation on the benefits to the patient from use of this NSAID. The use of this NSAID exceeds MTUS Guidelines that such medications should be used at the lowest dose for the shortest period of time. Finally, the prescribed dose exceeds maximum dose recommendations. Therefore, Diclofenac Sodium XR 100 mg BID is not considered as medically necessary.