

<b>Case Number:</b>	CM14-0167389		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	10/29/2012
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	09/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2014

### 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 and Rehabilitation, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring 10/26/12 when she fell while walking on an uneven service, twisting her left knee. She underwent knee surgery in June 2013. Treatments included postoperative physical therapy and work hardening. She gradually improved and returned to work in January 2014. She was seen by the requesting provider on 04/11/14. A trial of topical diclofenac been helpful. Authorization for TENS had been approved. She was continuing to work as a commercial driver. She was occasionally taking ibuprofen and was having gastrointestinal discomfort. She had ongoing knee pain. Physical examination findings included infrapatellar tenderness with a nonantalgic gait. Diclofenac cream, Norco 5/325 mg, and Menopur were prescribed. On 05/09/14 she was continuing to use TENS. She was requesting a refill of medications. On 06/18/14 she was having good and bad days. She was trying to avoid using tramadol as it could cause drowsiness and interfere with her ability to work as a commercial driver. Topical diclofenac is referenced as helping but had not been approved. Pennsaid was prescribed. On 07/16/14 there had been improvement with use of TENS. She had undergone a cortisone injection 1-2 weeks previously with a decrease in swelling and pain. She was participating in physical therapy. She was working. On 08/18/14 she had developed a rash and had discontinued Pennsaid. There had been no overall improvement after the injection. She had completed physical therapy. Physical examination findings included infrapatellar tenderness. She was using a knee brace and had a slightly antalgic gait. Flector was prescribed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Diclofenac sodium 1.5% 60 grams cream for date of service 5/9/2014:**  
Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The claimant is more than 2 years status post work-related injury and continues to be treated for left knee pain. Treatments have included surgery and post-operative physical therapy. She continues to work. Indications for the use of a topical non-steroidal anti-inflammatory medication such as diclofenac include osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. In this case, the claimant is noted to be working and has used topical diclofenac with benefit. She has gastrointestinal upset with oral non-steroidal anti-inflammatory medication. She has localized peripheral pain amenable to topical treatment. Therefore, the requested medication was medically necessary.