

Case Number:	CM14-0047954		
Date Assigned:	07/02/2014	Date of Injury:	09/03/2013
Decision Date:	10/09/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/16/2014

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 61-year-old man was reportedly injured on September 3, 2013. The mechanism of injury is noted as heavy lifting. The most recent progress note, dated March 5, 2014, indicates that there are ongoing complaints of right knee pain. Current medications were stated to include Ultram and Voltaren. The physical examination demonstrated: well-healed arthroscopic portals, right knee swelling and pain with range of motion, strength was rated at 3/5. Previous treatment includes Right Knee Arthroscopic Surgery and twelve postoperative visits of physical therapy. A request was made for Voltaren and was not medically necessary in the preauthorization process on March 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 100 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications, NSAIDS, Central Acting Analgesics,. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment index, 12th Edition (web) 2014, Pain, Diclofenac

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

Decision rationale: Voltaren is a nonselective Non-steroidal Anti-inflammatory Drug (NSAID) not recommended for first line use due to its increased risk profile. Evidence based studies are available evidencing that Diclofenac poses equivalent risk of cardiovascular events to patients as did Vioxx (a Cox 2 inhibitor that was taken off the market due to these effects). For this reason, it is recommended that providers avoid Diclofenac as a first line nonsteroidal anti-inflammatory medication. There is no indication in the record that the injured employee has failed a course of first line NSAID medications. In the absence of such documentation, this request for Voltaren is not medically necessary.