

Case Number:	CM14-0083619		
Date Assigned:	07/25/2014	Date of Injury:	10/29/2012
Decision Date:	09/17/2014	UR Denial Date:	05/10/2014
Priority:	Standard	Application Received:	06/05/2014

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 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 injured worker is a 34 year old female who reported an injury on 10/26/2012 from a fall. The injured worker has a diagnosis of pain in the joint of the lower leg, chronic left knee pain status post left knee arthroscopic removal of loose body and chondroplasty of lateral plateau and patella, and ulcerative colitis. The injured worker has been treated with medications, physical therapy, TENS unit and surgery. The injured worker had left knee surgery on 06/11/2013. The injured worker had physical therapy post operative and work hardening as noted on 06/03/2014 clinical note. The injured worker complained of anterior left knee pain. The injured worker's physical exam on 06/03/2014 noted tenderness over infrapatellar medially and laterally. The injured worker was prescribed Diclofenac sodium 1.5% 60gm #1 to be applied three times a day to left knee as needed. The request was for diclofenac sodium topical, to reduce inflammation and pain in the left knee. 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 Sodium topical (duration and frequency unknown): Upheld

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): 111-112.

Decision rationale: The request for Diclofenac Sodium topical is not medically necessary. The injured worker has a history of left knee pain status post arthroscopic removal of loose body and chondroplasty of lateral plateau and patella. California (MTUS) guidelines recommend topical analgesics as an option to be applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. The FDA-approved Voltaren Gel 1% (diclofenac) as indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment such as the ankle, elbow, foot, hand, knee, and wrist. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety and are recommends it for short-term use of 4-12 weeks. The injured worker has been prescribed this medication since 03/25/2014, and has documented relief of pain and increase of function to include improved activities of daily living, that she has discomfort to her stomach from using oral NSAIDs, and denies having side effects to the Diclofenac sodium 1.5% topical. However, the documentation submitted does not address the quantified relief and duration for the requested medication. Also, the medication has been used longer than the recommended 12 weeks. Additionally, the request did not include a dose, frequency, and quantity. As such, the request for Diclofenac Sodium topical is not medically necessary.