

<b>Case Number:</b>	CM14-0090983		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	01/20/2014
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 44 year old gentleman was reportedly injured on January 20, 2014. The mechanism of injury was noted as the onset of knee pain when stepping out of his truck. The most recent progress note, dated June 26, 2014, indicated that there were ongoing complaints of pain in the medial aspect of the knee. He is intolerant of crouching, crawling, kneeling, squatting or running. Pain was reported a 5 out of 10 on visual analog scale (VAS) with medication. The injured employee stated to be unable to use antiinflammatories due to gastrointestinal (GI) upset. The physical examination revealed the patient had an antalgic gait favoring the left lower extremity, left knee range of motion from 0 to 130 degrees, and medial joint line tenderness, slight warmth and small effusion, knee stable to loading in varus and valgus angulation, anterior and posterior drawer signs are normal, reflexes are 1+ and equal at the patellar and Achilles region, no focal atrophy in the thigh or calf, seems to be full power in regard to thigh flexion, leg flexion/extension, ankle dorsi and plantar flexion, extensor hallucis longus (EHL). Diagnostic imaging studies of the left knee dated 1/2/14 revealed mild arthritic changes, and no acute bony changes are demonstrated. MRI of the left knee dated 6/20/14 revealed complex tearing of the body segment/posterior horn of the medial meniscus, areas of low to moderate grade cartilage loss at the medial femorotibial compartment. Previous treatment included oral and topical medications. It was noted that prior trial with nonopioid analgesics (NSAIDs) such as Motrin, Naproxen, and Relafen however he could not tolerate them secondary to GI upset as mentioned above. A request was made for topical Diclofenac sodium and was not certified in the preauthorization process on June 10, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenic Sodium 1.5% 60gm:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 111-112 OF 127.

**Decision rationale:** The California MTUS Guidelines support topical NSAIDs for the short-term treatment of acute pain for short-term use for individuals unable to tolerate oral administration, or for whom oral administration is contraindicated. The attached medical record indicates that the injured employee has gastrointestinal upset with the use of oral anti-inflammatory medications. The requesting provider specifically noted that the injured employee carries between 80 and 100 pounds frequently, has pain in the medial aspect of the knee, and a physical examination consistent with ordinary disease of life degenerative changes. Considering the gastrointestinal issues, the physical examination reported and that there is some benefit with the use of this preparation, the request for topical diclofenac sodium is deemed medically necessary.