

<b>Case Number:</b>	CM14-0093178		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	04/03/2009
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 51-year-old male who reported an injury due to cumulative trauma on 04/03/2009. On 05/09/2014, his complaints included increasing pain to his knees which had been giving out on him intermittently. He had decreased active range of motion with flexion limited to 90 degrees, and was unable to extend his knee against gravity beyond 170 degrees. The varus laxity had 30 degrees flexion and his diagnoses included knee pain. An orthopedic consultation recommended total knee replacement. He stated that a Transcutaneous Electrical Nerve Stimulation (TENS) unit did increase his range of motion and decrease his pain. Previous treatments of physical therapy had also helped him reduce pain and increase functionality. His medications included diclofenac 100 mg extended release tablets. He stated that the diclofenac gave him moderate pain relief. There was no rationale or Request for Authorization included in this worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac extended release sodium 100mg Quantity 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS. Decision based on Non-MTUS Citation Official Disability Guidelines Formulary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs) Page(s): 67-73..

**Decision rationale:** The request for diclofenac extended release sodium 100 mg quantity 60 is non-certified. The California MTUS Guidelines recommend Non-steroidal Anti-Inflammatory Drugs (NSAIDs) at the lowest possible dose for the shortest period of time in patients with moderate to severe osteoarthritis pain. Although this worker stated that he got moderate relief with the use of diclofenac, there was no quantifiable evidence of decreased pain or increased functional abilities due to his use of this medication. Additionally, the request did not specify frequency of administration. Therefore, this request for diclofenac extended release sodium 100 mg quantity 60 is not medically necessary.