

Case Number:	CM14-0198459		
Date Assigned:	12/08/2014	Date of Injury:	06/05/2012
Decision Date:	01/23/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	11/25/2014

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 Rehab, has a subspecialty in Interventional spine, 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 patient is a 51 year old male with the injury date of 06/05/12. Per physician's report 11/03/14, the patient has right knee pain with discomfort along the joint lines. The range of the right knee is between 0-120 degrees. The diagnosis is right knee deep infection s/p total knee arthroplasty on 04/08/14. Per 10/27/14 progress report, the patient has recurrent swelling over the right knee but does not have significant pain. The patient received aspiration and Cortisone injection. The 08/13/14 progress report indicates that the patient has had physical therapy with improvement. The 03/31/14 progress report indicates that the patient complains of constant joint pain of the right knee at 7/10. The patient is taking Lisinopril, Metoprolol tartrate, and Norco. The patient discontinues Ibuprofen. The utilization review letter on 11/19/14 did not recommend Diclofenac, stating "due to increased risk profile." Treatment reports were provided from 02/03/14 to 11/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium ER 100 mg # 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation

Official Disability Guidelines (ODG) Pain (Chronic) , Diclofenac sodium (Voltaren®[®], Voltaren-XR®[®])

Decision rationale: The patient presents with pain in his right knee. The patient is s/p total knee arthroplasty on 04/08/14. The request is for Diclofenac Sodium ER 100mg #30. MTUS guidelines page 67 and 68 recommend NSAIDs (non-steroidal anti-inflammatory drugs) as an option for short-term symptomatic relief. However, for Diclofenac, ODG guidelines provide a specific discussion stating, "Not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that Diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did Rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid Diclofenac because it increases the risk by about 40%." It goes onto state that there is substantial increase in stroke. In this case, review of the reports does not show why the treater has chosen this particular NSAID with a high risk profile. ODG does not support this medication unless other NSAIDs have failed and the patient is a very low risk profile. The request is not medically necessary.