MAXIMUS Federal Services

Case Number:	CM14-0090033		
Date Assigned:	07/23/2014	Date of Injury:	12/30/2013
Decision Date:	01/26/2015	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/14/2014

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 Family Practice and is licensed to practice in New Jersey. 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 worker is a 34 year old male who was injured on 12/30/2013 while moving a package from a scale, losing balance and falling forward landing on his knees. He was diagnosed with left ankle sprain, left knee meniscus tear, low back pain, and lumbar facet arthritis. He was treated with cold packs, modified duty, home exercises, medications (including NSAIDs, opioids, anti-epileptics, and muscle relaxants), TENS unit, knee brace, and acupuncture. Naproxen was tried and caused some itchy sensation, so it was stopped. On 3/14/14, the worker was given a trial of Diclofenac 100 mg ER along by her primary treating provider while continuing his other treatments (Tramadol, Lidopro ointment, Topiramate, TENS). Her reduction in pain prior to adding on Diclofenac was 30-40%, but no functional assessment was included in the progress note. On 4/11/14 the worker returned reporting continual left knee pain, no change in reported pain reduction while taking Diclofenac and again, no functional assessment was included in the progress note. On 5/12/14 the worker was again seen for a follow-up with his primary treating provider reporting a reduction in knee pain by about 20-30% with no side effects reported from Diclofenac use. No functional assessment was documented. He reported that his collective medication regimen did not help much for pain relief and was interested in different medications. He was then recommended to increase his Topiramate dose, await orthopedic consultation regarding his knee, continue his Diclofenac and Lidopro, and change his Tramadol to Tramadol/APAP.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac ER 100mg for Inflammation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of muscular pain/inflammation if the patient is experiencing an acute exacerbation of chronic pain if acetaminophen is not appropriate. NSAIDS are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, at risk for gastrointestinal bleeding. In the case of this worker, there was minimal pain reduction from the Diclofenac medication addition, and the worker even requested that he change his medications due to lack of benefit of them collectively. The appropriateness of a chronic NSAID is questioned here as there was no evidence that this was an acute exacerbation of his chronic pain, there was no documented evidence found in the notes made available for review of a trial of Acetaminophen, and there was minimal reduction in pain from the addition of Diclofenac with no functional assessment included in the documentation to show benefit. Therefore, the Diclofenac is not medically necessary.