

<b>Case Number:</b>	CM15-0108614		
<b>Date Assigned:</b>	06/12/2015	<b>Date of Injury:</b>	08/18/2012
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 35-year-old male, who sustained an industrial injury on 08/18/2012. He has reported subsequent left knee pain and was diagnosed with complex regional pain syndrome of the left knee and medial meniscal tear of the left knee. Treatment to date has included oral and topical pain medication and surgery. In a progress note dated 04/16/2015, the injured worker complained of increasing pain in the left knee, right knee and low back. Objective findings were notable for an antalgic gait, obvious left knee flexion contracture, and tenderness to palpation of the medial aspect of the left knee, cold skin on the medial aspect of the knee, slight swelling around the left knee and decreased sensation to pinprick on the medial aspect of the left knee. The physician noted that Ketamine cream was being discontinued as it was not effective for the injured worker and that a trial of Diclofenac ointment was being started. A request for authorization of Diclofenac Sodium on date of service 04/16/2015 was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac sodium 1.5% 60gm, apply to affected area 3x a day, DOS 4/16/2015: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Topical Analgesics Page(s): 111-113.

**Decision rationale:** The patient has left knee pain along with a diagnosis of CRPS. The current request is for Diclofenac sodium 1.5% 60gm, apply to affected area 3x a day DOS 4/16/15. The CA MTUS states that topical analgesics are recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of anti-depressants and anticonvulsants have failed. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. (Lin, 2004) (Bjordal, 2007) (Mason, 2004) When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. In this study, the effect appeared to diminish over time and it was stated that further research was required to determine if results were similar for all preparations. (Biswal, 2006) These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). In this case, the available medical records fail to provide evidence that the patient failed oral NSAIDs or that the oral NSAIDs were insufficient at alleviating symptoms. Furthermore, the diagnosis is not consistent with knee osteoarthritis. Therefore, this request is not medically necessary.