

<b>Case Number:</b>	CM15-0131164		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	04/06/2013
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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: New York

Certification(s)/Specialty: Pediatrics, Internal Medicine

### 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 42 year old female, who sustained an industrial injury on April 6, 2013. She reported slipping and falling on her right knee in the freezer. The injured worker was diagnosed as having pain in lower leg joint, right knee chondral injury, and lumbar region sprain/strain. Treatments and evaluations to date have included x-rays, MRIs, Synvisc injection, and medication. Currently, the injured worker complains of right knee pain. The Treating Physician's report dated April 28, 2015, noted the injured worker was using her Diclofenac cream prior to using her Norco to help with the swelling and pain. Physical examination was noted to show anterior medial joint line tenderness to the right knee with some crepitus and popping, without laxity. The injured worker's current medications were listed as Diclofenac Sodium cream and hydrocodone/Bit/APAP. The treatment plan was noted to include requests for authorization for the current medications. The injured worker was noted to return to full duty without restrictions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Diclofenac Sodium 1.5% 60gm #1 (DOS 04/28/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal anti-inflammatory agents (NSAIDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Topical analgesics Page(s): 67-71, 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Diclofenac sodium.

**Decision rationale:** The requested topical medication contains Diclofenac. Topical non-steroidal anti-inflammatory agents (NSAIDs) are indicated for osteoarthritis and tendinitis, in particular that of the knee and elbow or other joints that are amenable to topical treatment. The prescription states to apply to affected area but does not specify the site. Topical nonsteroidals are recommended for short term use (4-12 weeks). The documentation notes that the injured worker had been prescribed Diclofenac since at least July 2014, far exceeding the recommended use of 4-12 weeks. The ODG states that topical Diclofenac is not recommended as a first line treatment due to increased risk profile. The documentation does not indicate that the treating physician had discussed the increased cardiovascular risk profile of diclofenac. The FDA has issued warnings about the potential for elevation in liver function tests during treatment with all products containing diclofenac, with cases of severe hepatic reactions reported in postmarketing surveillance. Transaminases should be measured periodically in all patients receiving long-term therapy with diclofenac. The documentation provided did not include documentation of monitoring of transaminases. The injured worker was noted to report a 50% reduction in pain with use of her Norco, and to use the Diclofenac to help with swelling and pain without objective, measurable improvement in pain, swelling, function, or specific activities of daily living such as bathing, dressing, walking, etc. as a result of use of Diclofenac. Based on guidelines and the potential for toxicity, the documentation provided did not support the medical necessity of the request for the retrospective request for Diclofenac Sodium 1.5% 60gm #1 (date of service (DOS) 04/28/15).