

<b>Case Number:</b>	CM15-0146794		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	03/08/2001
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	07/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 68 year old male, who sustained an industrial injury on 3-8-01. The injured worker has complaints of chronic knee pain, left ankle pain and right foot pain. The documentation noted that there is pain with palpation of the bilateral knees, right foot and left ankle. The diagnoses have included chronic bilateral knee pain; status post bilateral knee replacement surgery; left ankle pain due to impingement; right foot pain due to 5th metatarsal cuboid arthritis and chronic pain syndrome. Treatment to date has included Norco; diclofenac; Cyclobenzaprine; pantoprazole; home exercise program and weight loss program. The request was for diclofenac sodium ER 100mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac Sodium ER 100mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, Page(s): 68-73.

**Decision rationale:** The claimant has a remote history of a work-related injury in March 2001 and is being treated for chronic bilateral knee, left ankle, and right foot pain. When seen, medications were decreasing pain from 8/10 to 4/10. There was pain with palpation over the joints involved. Diclofenac ER 100 mg two times per day as needed was prescribed. Oral NSAIDS (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Recommended dosing of Diclofenac is up to 150 mg per day. In this case, the requested dosing is not consistent with guideline recommendations and cannot be accepted as being medically necessary.