MAXIMUS Federal Services

Case Number:	CM15-0165308		
Date Assigned:	09/02/2015	Date of Injury:	03/13/2002
Decision Date:	10/06/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/24/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 58 year old male, who sustained an industrial injury on March 13, 2002, incurring injuries to the right knee after heavy lifting. He complained of left knee pain a few years later from repetitive work activities. Treatment included physical therapy, anti-inflammatory drugs, pain medications, Synvisc injections and bilateral knee surgeries. He underwent a left total knee arthroplasty and a right total knee replacement. Currently, the injured worker complained of persistent bilateral knee pain when bending, rated a 10 on a pain scale of 1 to 10. He noted swelling, pain and stiffness in the left knee and pain in the right knee when he walks quickly. He was diagnosed with osteoarthritis of the right knee and flexion contracture of the left knee. The treatment plan that was requested for authorization included a prescription for Voltaren.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 75mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain- Diclofenac.

Decision rationale: Voltaren 75mg # 60 is not medically necessary per the MTUS Guidelines and the ODG. The MTUS states that Voltaren is a nonselective NSAID. The ODG states that Voltaren is 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%. For a patient who has a 5% to 10% risk of having a heart attack that is a significant increase in absolute risk, particularly if there are other drugs that don't seem to have that risk. The documentation does not reveal extenuating circumstances, which necessitate this medication given its increased risk profile. The guidelines state that NSAIDS are recommended as an option at the lowest dose for short-term symptomatic relief of chronic low back pain, osteoarthritis pain, and for acute exacerbations of chronic pain. The documentation indicates that the patient has been on Voltaren without evidence of functional improvement and with persistent pain. The request for Voltaren is not medically necessary.