

Case Number:	CM15-0180958		
Date Assigned:	09/22/2015	Date of Injury:	08/06/2009
Decision Date:	10/27/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/14/2015

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 31 year old female with an industrial injury dated 08-06-2009. Medical record review indicates she is being treated unspecified internal derangement of knee and sprain of wrist. In the progress record dated 07-09-2015 the injured worker presented with pain and swelling in right knee and lower back pain. She was status post-surgery 03-24-2011. The pain is documented as constant and severe in intensity. The pain is documented as 10 at its worst and 5 at its best with medications. Activities of daily living that were affected are documented as household chores, volunteer work, cooking and shopping. The treating physician documents the injured worker is taking Omeprazole with food due to complaints of stomach irritation. The progress note dated 05-28-2015 documents the same pain rating and objective findings as noted in the 07-09-2015 note. Objective findings of the physical exam done on 07-09-2015 noted tenderness at inferior patella and lateral knee. "Unable to examine for Lochman's and McMurray's test due to pain." The treatment plan included physical therapy (at least 11 sessions "with little or no benefit"), and medications. The treating physician documented the injured was "not working as her employment has not modified duty." Prior treatment included physical therapy and medications to include Naproxen 550 mg twice daily (documented in the 04-30-2015 note.) Her current medications are listed as Diclofenac XR, Omeprazole and Docuprene. The request for authorization dated 08-07-2015 included retrospective Diclofenac XR 100 mg #30 for DOS 5/8/15 & 7/9/15. On 08-17-2015 the request for retrospective Diclofenac XR 100 mg #30 for DOS 5/8/15 & 7/9/15 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Diclofenac XR 100mg #30 for DOS 5/8/15 & 7/9/15: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The claimant sustained a work injury in August 2009 and is being treated for right knee pain. An MRI of the knee in May 2015 showed findings of a joint effusion and medial meniscus degeneration. Then seen, she was having pain and swelling. There was knee tenderness with decreased strength. Extended release diclofenac was continued. Oral NSAIDS (nonsteroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Recommended dosing of diclofenac XR for chronic pain is 100 mg per day and this medication is recommended for chronic maintenance therapy. In this case, the requested dosing is within guideline recommendations and medically necessary.