

Case Number:	CM15-0215528		
Date Assigned:	11/05/2015	Date of Injury:	02/26/1999
Decision Date:	12/21/2015	UR Denial Date:	10/30/2015
Priority:	Standard	Application Received:	11/02/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 66-year-old female, with a reported date of injury of 02-26-1999. The diagnoses include pain in the bilateral lower leg joint, status post bilateral knee joint replacement, and long-term use of medications. The supplemental report dated 09-15-2015 indicates that the injured worker presented for a refill of her medication. She continued to have severe lymphedema, especially in the right lower extremity. The lymphedema began in the upper thigh, and continued past her knee. The injured worker also had severe lymphedema in her left lower extremity. The objective findings were not indicated. The progress note dated 08-28-2015 indicates that the injured worker presented for follow-up of her severe internal derangement of her knees and left hip. She continued to have severe lymphedema, especially in the right lower extremity. The lymphedema began in the upper thigh, and continued past her knee. The injured worker also had severe lymphedema in her left lower extremity. It was noted that for ongoing care of her lower extremities, the injured worker used a home care nurse. The objective findings include morbid obesity due to severe lymphedema; an antalgic gait; use of walker for assistance due to severe lymphedema; severe right and left lower extremity swelling; tenderness to touch of the bilateral lower extremities and stretched skin; normal muscle tone without atrophy in the bilateral lower extremities; and no rashes, lesions, or ulcers seen on the bilateral lower extremities. The injured worker's work status was noted as permanent and stationary. The diagnostic studies to date have included a urine drug screen on 05-21-2015 which was positive for Benzodiazepine and Tricyclics; and an MRI of the left hip on 04-08-2015 which showed extensive tearing of the left acetabular labrum, severe degenerative changes of

the left hip joint with chondromalacia, subchondral swelling, large marginal spurs, and deformity of the left femoral head, mild strain of the obturator externus muscles bilaterally, mild degenerative changes of the right hip joint, anterolisthesis of L4 on L5, and small left hip joint effusion. Treatments and evaluation to date have included Diclofenac cream (since at least 03-2015), Ketamine cream, Doxepin cream, Omeprazole, Ambien, Buprenorphine, Temovate cream, and gastric bypass surgery. The treating physician requested one container of Diclofenac and Versapro Cream 240mg. On 10-30-2015, Utilization Review (UR) non-certified the request for one container of Diclofenac and Versapro Cream 240mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac & Versapro Cream 240gm QTY 1 container: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: CA MTUS recommends limited use of topical analgesics. There is limited evidence for short-term use of topical NSAID analgesics for osteoarthritis with most benefit seen in use up to 12 weeks but no demonstrated benefit beyond this time period. Diclofenac cream is approved for use for 4-12 weeks. IN this case, the medical record indicates that the claimant has been using the medication but does not document for how long. The request is for refill of the medication. As the medication is indicated for only short term use, up to 12 weeks, and the time of treatment is not documented, Diclofenac cream in Versapro base is not medically necessary.