MAXIMUS Federal Services

| Case Number: | CM15-0030065 | | |
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| Date Assigned: | 02/23/2015 | Date of Injury: | 03/09/2013 |
| Decision Date: | 04/03/2015 | UR Denial Date: | 01/28/2015 |
| Priority: | Standard | Application Received: | 02/18/2015 |

## 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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

## 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 46 year old male, who sustained an industrial injury on March 9, 2013. He has reported left knee pain and back pain. The diagnoses have included osteoarthrosis, local primary leg, other disorders of the lower leg joint, contracture of the tendon sheath, severe left knee medial compartment osteoarthritis with near bone on bane disease, moderate and potential severe patellofemoral compartment osteoarthritis, lumbar disc disease and obesity. Treatment to date has included radiographic imaging, diagnostic studies, left knee surgery, conservative therapies, pain medications and work restrictions. Currently, the IW complains of left knee pain and back pain. The injured worker reported an industrial injury in 2013, resulting in chronic low back and left knee pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on August 20, 2014, revealed continued pain. It was noted the physician encouraged weight loss. It was noted he was undergoing physical therapy for the knee however it was prescribed for the lumbar spine and therapy for the knee was not recommended. He reported therapy for the knee was causing more pain. The physician was waiting to hear if the injured worker met protocol to be a candidate for a partial knee replacement. He was encouraged to do stretching exercises of the hamstring and to discontinue strengthening exercises of the knee. Evaluation on September 23, 2014, revealed continued left knee pain with associated compensatory right knee pain. On January 28, 2015, Utilization Review non-certified a request for Diclofenac XR 100mg #30, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 18, 2015, the injured worker submitted an application for IMR for review of requested Diclofenac XR 100mg #30.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac XR 100mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Diclofenac, NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints NSAIDS Page(s): 8-9, 67-68.

**Decision rationale:** The 1/28/15 Utilization Review letter states the Diclofenac XR 100mg, #30 was denied because ODG guidelines did not recommend it as a first-line therapy due to risk for cardiovascular events. The Utilization Review letter did not list the dates of any medical records reviewed. The medical reports provided for this review are from 8/20/14 through 12/4/14. The 12/4/14 physiatry report states the patient presents with left knee pain. The 10/28/14 CT scan shows a screw that extends through the posterior weight-bearing surface of the medial tibial plateau. The 8/20/14 report states the patient has severe left knee medial compartment osteoarthritis; obesity; and lumbar disk disease. The patient was prescribed Mobic 7.5mg on 8/20/14. The records show the patient continued with Mobic through 10/03/14, then on 10/23/14, there is mention that the patient is using diclofenac. The 12/04/14 report states the patient did not need refills of medications, and can use his medications as needed. There was no discussion of efficacy of medications in the provided medical records. MTUS Chronic Pain Medical Treatment Guidelines, pg 9 under Pain Outcomes and Endpoints states: "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement." MTUS Chronic Pain Medical Treatment Guidelines, pg 67-68, for NSAIDS specific recommendations on Osteoarthritis (including knee and hip) states: Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. The MTUS guidelines allow for use of anti-inflammatory medications for treatment of knee arthritis. However, MTUS states, "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement." The provided documentation does not discuss functional improvement with use of diclofenac or Mobic. MTUS guidelines do not recommend continued treatment without reporting functional improvement. Based on the available medical reports, the use of Diclofenac XR, 100mg, #30, IS NOT medically necessary. The MTUS guidelines allow for use of anti-inflammatory medications for treatment of knee arthritis. However, MTUS states "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement." The provided documentation does not discuss functional improvement with use of diclofenac or Mobic. MTUS guidelines do not recommend continued treatment without reporting functional improvement. Based on the available medical reports, the use of Diclofenac XR, 100mg, #30, IS NOT medically necessary.