

<b>Case Number:</b>	CM15-0032376		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	08/01/2012
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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: 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 52 year old female, who sustained an industrial injury on 8/1/12. The injured worker has complaints of chronic right knee pain. The diagnoses have included pain in joint lower leg. Magnetic Resonance Imaging (MRI) right knee on 11/19/14 showed severe medial tibial for more arthrosis with grade 4 chondrosis and focal osteochondral lesion. The injured worker is status post right knee surgery in the past with mild improvement of pain. The medication regimen includes Diclofenac sodium 1.5 % topical medication and oral non-steroidal anti-inflammatory medication Relafen. According to the utilization review performed on 2/11/15, the requested Diclofenac Sodium 1.5% 60mg (2) has been non-certified. American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, Second Edition (2004); Official Disability Guidelines were reviewed in this utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac Sodium 1.5% 60mg (2): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and

Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, Second Edition (2004), Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 110-112. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Diclofenac.

**Decision rationale:** As noted in the MTUS guidelines, FDA-approved agents: Voltaren Gel 1% (diclofenac): Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). According to the Official Disability Guidelines, diclofenac is not recommended as a first-line treatment due to increased cardiovascular risk profile. In fact, in this case, the injured worker is also simultaneously being prescribed first line oral non-steroidal anti-inflammatory medications. The injured worker has not failed first line non-steroidal anti-inflammatory agents. As such the request for diclofenac sodium is not supported. The request for Diclofenac Sodium 1.5% 60mg (2) is not medically necessary.