

Case Number:	CM15-0045648		
Date Assigned:	03/19/2015	Date of Injury:	08/26/2008
Decision Date:	05/01/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/10/2015

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 53 year old female, who sustained an industrial injury on 8/26/08. She reported neck and bilateral knee injuries. The injured worker was diagnosed as having cervicgia and internal derangement of knee. Treatment to date has included medications, intramuscular injection of Toradol and vitamin B12. Currently, the injured worker complains of constant pain in cervical spine, unchanged and constant pain in bilateral knee which is worsening. It is noted the medications are helping in relieving and curing the injured worker's symptomatology. The treatment plan consisted of refilling medications, authorization for (MRI) magnetic resonance imaging of bilateral knees and awaiting authorization for cervical spine surgery, physical therapy and bilateral knee sleeve.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac dosage/quantity unknown: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines nsaid
 Page(s): 67.

Decision rationale: According to guidelines: Diclofenac is recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. There is no indication that the patient has improved pain with Diclofenac and/or tried Acetaminophen and thus not medically necessary.