

Case Number:	CM15-0055742		
Date Assigned:	03/30/2015	Date of Injury:	10/06/2006
Decision Date:	05/13/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/23/2015

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: Pennsylvania, Ohio, 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 55-year-old male, with a reported date of injury of 10/06/2006. The diagnoses include left greater trochanteric bursitis, left popliteal bursitis, left knee internal derangement, left chondromalacia, and history of left lower extremity deep venous thrombosis. Treatments to date have included oral medications and topical pain medications. The follow-up evaluation report dated 01/07/2015 indicates that the injured worker complained of left knee pain and left hip pain. The physical examination of the left lower extremity showed an antalgic gait, moderate fullness over the popliteal space with moderate pain to palpation, moderate pain over the left lateral joint line as well as over the lateral collateral ligament, palpable crepitus over the anterior compartment, and full range of motion. The treating physician requested Diclofenac 3%, with six refills. It was noted that the injured worker was more tolerant of topical medications. The injection for his left knee was put on hold due to his gastrointestinal inflammation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 3% topical SIG: apply BID daily 6 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: MTUS recommends the use of compounded topical analgesics only if there is documentation of the specific proposed analgesic effect and how it will be useful for the specific therapeutic goal required. A topical NSAID such as Diclofenac would be supported by this guideline generally for a short time such as 2 weeks, as the guidelines discuss that patients often become refractory to a topical NSAID after initial brief improvement; thus, 6 refills without interval physician reassessment would particularly not be supported by MTUS. For these reasons, this request is not medically necessary.