

Case Number:	CM15-0061894		
Date Assigned:	04/07/2015	Date of Injury:	06/18/2013
Decision Date:	05/07/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	04/01/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 39-year-old male with an industrial injury dated June 18, 2013. The injured worker diagnoses include left knee patellar tendinitis, left knee internal derangement, left knee strain, low back pain, left ankle tenosynovitis posterior tibial tendon and left ankle sprain. Treatment consisted of diagnostic studies, prescribed medications and periodic follow up visits. According to the treating physician report dated 02/06/2015, the injured worker reported sharp intermittent left knee pain rated 5 out of 10. Left knee exam revealed positive medial joint line tenderness, positive lateral joint line tenderness and positive patellofemoral facet tenderness. Left ankle/foot exam revealed limited motion, tenderness and swelling. The treating physician prescribed Diclofenac XR 100 mg provided on February 6, 2015 now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac XR 100 mg, thirty count, provided on February 6, 2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68 - 70. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: This 39 year old male has complained of left knee pain and low back pain since date of injury 6/18/13. He has been treated with physical therapy and medications to include NSAIDS since at least 12/2014. The current request is for Diclofenac XR 100 mg. Per the MTUS guideline cited above, NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe joint pain. This patient has been treated with NSAIDS for at least 10 weeks. There is no documentation in the available medical records discussing the rationale for continued use or necessity of use of an NSAID in this patient. On the basis of this lack of documentation, Diclofenac is not indicated as medically necessary in this patient.