

Case Number:	CM15-0087555		
Date Assigned:	05/11/2015	Date of Injury:	05/19/2008
Decision Date:	06/19/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/06/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 74 year old male who sustained an industrial injury on 05/19/2008. Diagnoses include left knee patellofemoral pain syndrome, internal derangement of the left knee and degenerative joint disease of the left knee. Treatment to date has included diagnostic studies, Synvisc injections, and medications. A physician progress note dated 04/14/2015 documents the injured worker has continued moderate to severe pain in his left knee. He has difficulty doing his activities of daily living. On examination, there is positive medial joint line tenderness, positive patellofemoral facet tenderness, and positive McMurray's. Range of motion is decreased. His medications give him some functional improvement and gastric relief. The treatment plan is for a Synvisc-1 injection, Diclofenac XR 100mg, #60, and Omeprazole 20mg, # 60. Treatment requested is for Diclofenac 100mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS
Page(s): 67 - 69.

Decision rationale: The patient is a 74 year old male with an injury on 05/19/2008. He has degenerative joint disease of his left knee. MTUS, chronic pain guidelines note that NSAIDS are associated with an increased risk of GI bleeding, peptic ulcer disease, cardiovascular disease, liver disease and renal disease. Also, NSAIDS decrease soft tissue healing. MTUS guidelines note that the lowest dose of NSAIDS for the shortest period of time is recommended. Long-term use of NSAIDS is not recommended and the requested medication is not medically necessary.