

<b>Case Number:</b>	CM14-0117518		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	04/18/2014
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### 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. The expert reviewer is Board Certified in General Prevention Medicine and is licensed to practice in Indiana. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 50-year-old female who was reportedly injured on April 18, 2014. The mechanism of injury is noted as tripping over an elevator step. The most recent progress note dated June 24, 2014, did not state any subjective complaints. The physical examination demonstrated revealed range of motion of the left knee from 5 to 90. There was no ligamentous instability. Diagnostic imaging studies of the left knee revealed an anterior cruciate ligament tear, grade 1 chondromalacia of the patella, and an intra-articular filling defect at the medial portion of the knee. Previous treatment includes physical therapy and oral medications. A request was made for phonophoresis with diclofenac cream and was not certified in the pre-authorization process on July 10, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Phonophoresis with Diclofenac cream 5 percent 1-2 cc:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee & Leg (updated 06/05/14): Phonophoresis, Pain (updated 06/10/14): Topical Analgesics; Rand, 2007; Colombo, 2006; Namaka, 2004

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-69.

Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Diclofenac.

**Decision rationale:** Diclofenac is a NSAID. MTUS specifies four recommendations regarding NSAID use: 1) Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. 2) Back Pain - Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. 3) Back Pain - Chronic low back pain: Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. 4) Neuropathic pain: There is inconsistent evidence for the use of these medications to treat longterm neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. The medical documents do not indicate that the patient is being treated for osteoarthritis. The treating physician does not document failure of primary (Tylenol) treatment. ODG also states that diclofenac is "Not recommended as first line due to increased risk profile . . . If using diclofenac then consider discontinuing as it should only be used for the shortest duration possible in the lowest effective dose due to reported serious adverse events." Since Diclofenac is not medically necessary, the entire request is not medically necessary. As such, the request for Iontophoresis with Diclofenac cream is not medically necessary.

**Iontophoresis with Dexamethasone 5 percent 1-2 cc:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee & Leg (updated 06/05/14): Iontophoresis, Pain (updated 06/10/14): Topical Analgesics; Rand, 2007; Colombo, 2006; Namaka, 2004

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Neck and Upper Back>, <Iontophoresis>

**Decision rationale:** MTUS is silent on the topic of iontophoresis, but ODG says the following: "Not recommended. The current evidence on Galvanic current (direct or pulsed), iontophoresis, TENS, EMS, PEMF and permanent magnets is either lacking, limited, or conflicting. Iontophoresis is the use of electromagnetic force (0.5 mA to 20 mA) to enhance percutaneous absorption of a drug or chemical, such as dexamethasone, to relatively shallow depths (up to 10 mm). (Kroeling-Cochrane, 2005) There is very low quality evidence that iontophoresis is not more effective than placebo. Iontophoresis did not reduce pain or disability. (Kroeling, 2009)". Since it is not recommended by ODG, the request for Iontophoresis with Dexamethasone 5 percent 1-2 cc is not medically necessary.

