

<b>Case Number:</b>	CM14-0142202		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	06/03/2011
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2014

### 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 Occupational Medicine and is licensed to practice in California. 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:

Patient is a 65 year-old male with date of injury 06/03/2011. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 05/09/2014, lists subjective complaints as pain in the left knee. Patient is status post left knee tricompartmental chondroplasty and partial meniscectomy in early January 2012. Objective findings: Examination of the left knee revealed no effusion and mild tenderness to palpation. Diagnosis: 1. Pain in joint, lower leg. An orthopedist report of 02/26/2014 states that the patient's cartilaginous loss in the medial femoral condyle was approaching grade 4. The medical records supplied for review document that the patient has been taking the following medications for at least as far back as six months. Medications: 1. Diclofenac 1.5% 60gm SIG: apply to affected area three times a day 2. Naproxen Sodium-Anaprox 550mg, #90 SIG: take one every 12 hours with food.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective review of Diclofenac 1.5% 60 gm DOS 6/20/14: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

**Decision rationale:** According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The efficacy in clinical trials for non-steroidal anti-inflammatory agents (NSAIDs) has been inconsistent and most studies are small and of short duration. Diclofenac, in particular, it is not recommended.

According to the Official Disability Guidelines, diclofenac is not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%. Therefore the request is not medically necessary.

**Naproxen Sodium-Anaprox 550 mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Antinflammatory agents (NSAIDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

**Decision rationale:** The MTUS guidelines recommend NSAIDs be given to patients with osteoarthritis prescribed at the lowest dose for the shortest period in patients with moderate to severe pain. There is documentation that the patient's knee joint has severe degenerative changes. This falls within the criteria established by the MTUS for recommending NSAIDs. Thus the request for Naproxen Sodium-Anaprox 550 #90 is medically necessary.