

Case Number:	CM14-0152731		
Date Assigned:	09/23/2014	Date of Injury:	05/03/2012
Decision Date:	11/21/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/18/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 patient is a 28-year-old with a reported date of injury of 05/28/1986. The patient has the diagnoses of right medial meniscal tear, contracture of the right knee, right knee patellar tilting, herniated disc of the lumbar spine, bilateral hip trochanteric bursitis, low back pain and left sacroiliac (SI) joint synovitis. Previous treatment modalities have included right knee arthroscopy with partial medial meniscectomy. Per the most recent progress notes provided for review dated 07/02/2014, the patient has the complaints of moderate to severe low back pain with right knee pain. Previous MRI had shown a L5/S1 paracentral disc herniation descending into the left S1 nerve root. The physical exam noted tenderness in the superior iliac spine region and SI joints with muscle spasms in the paralumbar muscles on the left. There was decreased range of motion in the lumbar spine. There was tenderness over the bilateral greater trochanter bursa and a positive Patrick's test. There was positive joint line tenderness in the knee with a positive McMurray sign and decreased range of motion. The treatment plan recommendations included a request for right knee surgery, left SI joint injection and pain medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac XR tablets 100 mg: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 70-71.

Decision rationale: The California chronic pain medical treatment guidelines section on non-steroidal anti-inflammatory drug (NSAID) therapy and chronic pain states: "Recommended with cautions below. Disease-State Warnings for all NSAIDs: All NSAIDs have [U.S. Boxed Warning]: for associated risk of adverse cardiovascular events, including, MI, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs should never be used right before or after a heart surgery (CABG - coronary artery bypass graft). NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment (FDA Medication Guide). See NSAIDs, GI Symptoms and Cardiovascular Risks. Other disease-related concerns (non-boxed warnings): Hepatic: Use with caution in patients with moderate hepatic impairment and not recommended for patients with severe hepatic impairment. Borderline elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs. Renal: Use of NSAIDs may compromise renal function. FDA Medication Guide is provided by FDA mandate on all prescriptions dispensed for NSAIDs. Routine Suggested Monitoring: Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Routine blood pressure monitoring is recommended. Overall Dosing Recommendation: It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. Specific NSAID Classes are outlined below: Voltaren-XR: 100 mg PO once daily for chronic therapy. Voltaren-XR should only be used as chronic maintenance therapy."The medication requested is being used for chronic maintenance of pain. The medication is a first line agent per the guidelines with precaution. The patient has no listed cardiovascular, gastrointestinal, renal or hepatic disease that would be contraindications for the medication. The medication is being used at the lowest dose. The progress notes document improvement of pain with the medication. For these reasons the requested medication has met criteria as listed above for its use. Therefore, the request is medically necessary and appropriate.