

<b>Case Number:</b>	CM14-0097239		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	01/20/2014
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 44-year-old gentleman was reportedly injured on January 20, 2014. The mechanism of injury is listed as stepping out of a truck. The most recent progress note, dated June 26, 2014, indicates that there are ongoing complaints of left knee pain. The injured employee stated that anti-inflammatory medications cause G.I. upset. The physical examination demonstrated a slight antalgic gait favoring the left lower extremity. Left knee range of motion for was from 0 to 130. There was medial joint line tenderness with light warmth and a small effusion. Diagnostic imaging studies of the left knee revealed mild arthritic changes. Previous treatment includes physical therapy. A request had been made for topical diclofenac sodium and was not certified in the pre-authorization process on June 18, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Retrospective Prescription of Diclofenac sodium 1.5% 60 Gm (DOS: 4/28/14):** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** The California MTUS Guidelines support topical NSAIDs for the short-term treatment of osteoarthritis and tendinitis for individuals unable to tolerate oral non-steroidal anti-

inflammatories. The guidelines support 4-12 weeks of topical treatment for joints that are amendable topical treatments. The progress note dated June 26, 2014, indicates that the injured employee has left knee arthritis and states the injured employee has gastrointestinal symptoms with anti-inflammatory usage. As such this request for a prescription of Diclofenac sodium 1.5% 60 Gm is medically necessary.