MAXIMUS Federal Services

Case Number:	CM14-0119335		
Date Assigned:	08/06/2014	Date of Injury:	10/20/1994
Decision Date:	02/20/2015	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/29/2014

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. 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: California
Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a patient with a date of injury of 10/20/94. A utilization review determination dated 7/9/14 recommends denial of Diclofenac as there was no documentation why an OTC medication could not be used and Diclofenac is not supported due to an increased risk for various medical complications. A medical report dated 3/18/2014 identifies subjectively this worker has right knee pain rated 2-3/10. The patient is still walking, but independently now with his cane. Gait is slightly antalgic secondary to right knee pain. The patient is noted to have osteoarthritis and a chronic medial meniscus tear. Home exercise, icing techniques, proper stretching, and ergonomic issues were reviewed with the patient. Medication counseling was given.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium 10 mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs -Anti-Inflammatory Page(s): 67-68,71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: Regarding the request for Diclofenac, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, the patient has osteoarthritis and a chronic meniscal tear. His pain appears to be well controlled with medications at 2-3/10, and his ability to ambulate is noted to have been improved since he is now walking independently with a cane. No significant side effects are noted. This is documented in a progress note from 3/18/2014. It should be further noted, that the utilization reviewers rationale of denying the diclofenac was that no over-the-counter NSAID medications had not been trialed. It should be noted that the Chronic Pain Medical Treatment Guidelines do not specify a requirement of over the counter NSAID usage prior to the introduction of diclofenac. Therefore, it appears that the use of an NSAID is appropriate, although it is important to regularly reevaluate any medication for efficacy and ongoing need. In light of the above, the currently requested Diclofenac is medically necessary.