

Case Number:	CM15-0116584		
Date Assigned:	06/24/2015	Date of Injury:	03/13/2002
Decision Date:	07/23/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/16/2015

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 & Rehabilitation, 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:

The injured worker is a 57 year old male, who sustained an industrial injury on 3/13/2002. He reported right knee pain. Diagnoses have included flexion contracture of the left knee, status post left total knee arthroplasty and osteoarthritis of the right knee. Treatment to date has included knee surgery, physical therapy, injections and medication. According to the progress report dated 5/28/2015, the injured worker complained of pain in his bilateral knees. He reported mild swelling on the left knee and catching, locking and giving way of the right knee. Exam of the right knee revealed patellofemoral crepitus, tenderness over the medial joint line and positive McMurray's test. Exam of the left knee revealed mild effusion. Authorization was requested for Voltaren. The patient's other medical conditions include hypertension and type II diabetes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 75 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72 of 127.

Decision rationale: Regarding the request for Voltaren (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, there is no indication that Diclofenac is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. Due to the patient's comorbid medical conditions of hypertension and diabetes, it is even more important to justify the ongoing use of this medication by documentation of analgesic efficacy and/or objective functional improvement. In the absence of such documentation, the currently requested Voltaren (Diclofenac) is not medically necessary.