

Case Number:	CM15-0178532		
Date Assigned:	09/18/2015	Date of Injury:	12/09/2011
Decision Date:	10/29/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/10/2015

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: Family Practice

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 48-year-old male who sustained an industrial injury on 12-9-11. The injured worker reported bilateral knee pain. A review of the medical records indicates that the injured worker is undergoing treatments for pain in joint lower leg and derangement post medial meniscus. Medical records dated 8-3-15 indicate pain rated at 7 out of 10 without medication and 4 out of 10 with the use of medication. Provider documentation dated 8-3-15 noted the work status as "Not permanent and stationary." Treatment has included left knee magnetic resonance imaging, physical therapy; status post left partial meniscectomy (2-14-14), status post right knee surgery (12-19-14), home exercise program, Nabumetone, Diclofenac cream, and Tramadol. Objective findings dated 8-3-15 were notable for antalgic gait, bilateral knees with joint line tenderness. The original utilization review (8-14-15) denied a request for Diclofenac Sodium 1.5%, 60 grams apply 3 times a day and Tramadol Acetaminophen 37.5-325 milligrams quantity of 60. The medical records note that the injured worker is also being prescribed oral non-steroidal anti-inflammatory medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium 1.5%, 60gm, apply 3x a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Diclofenac.

Decision rationale: According to the MTUS guidelines, According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Per the MTUS guidelines, currently, the only currently FDA-approved agent is Voltaren Gel 1%. In addition, According to ODG, Diclofenac is not recommended as first line due to increased risk profile. ODG notes the following, According to FDA MedWatch, post marketing surveillance of topical Diclofenac has reported cases of severe hepatic reactions, including liver necrosis, jaundice, fulminant hepatitis with and without jaundice, and liver failure. Some of these reported cases resulted in fatalities or liver transplantation. If using Diclofenac then consider discontinuing as it should only be used for the shortest duration possible in the lowest effective dose due to reported serious adverse events. Post marketing surveillance has revealed that treatment with all oral and topical Diclofenac products may increase liver dysfunction, and use has resulted in liver failure and death. Physicians should measure transaminases periodically in patients receiving long-term therapy with Diclofenac. (FDA, 2011) In 2009 the FDA issued warnings about the potential for elevation in liver function tests during treatment with all products containing Diclofenac sodium. (FDA, 2009). Moreover, the injured worker is also being prescribed oral NSAIDs and duplication of non-steroidal anti-inflammatory agents is not supported. The request for Diclofenac Sodium 1.5%, 60gm, apply 3x a day is not medically necessary and appropriate.

Tramadol/APAP 37.5/325mg, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Acetaminophen, Opioids for chronic pain, Opioids, specific drug list.

Decision rationale: According to the MTUS guidelines, Tramadol is a synthetic opioid and is an emerging fourth class of opiate analgesic that may be used to treat chronic pain. The MTUS guidelines state that small class of synthetic opioids exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. The maximum dosing of Tramadol is 400 mg/day. Per the MTUS guidelines, Acetaminophen (APAP) is recommended for treatment of chronic pain & acute exacerbations of chronic pain. In this case, the injured worker is followed for knee pain and efficacy has been noted with utilization of Tramadol / APAP. The medical records do not establish evidence of abuse or diversion. Subjective and objective functional benefit is noted. The request for Tramadol/APAP 37.5/325mg, #60 is medically necessary and appropriate.