

Case Number:	CM15-0067028		
Date Assigned:	04/14/2015	Date of Injury:	06/30/2009
Decision Date:	05/13/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/08/2015

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: Arizona, 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 47 year old male, who sustained an industrial injury on 06/30/2009. The injured worker is currently diagnosed as having torn left medial meniscus, patella and condyle chondromalacia, and left knee sprain. Treatment to date has included physical therapy, knee surgery, and medications. In a progress note dated 03/19/2015, the injured worker presented with complaints of weakness and decreased swelling and pain. Previous notes state complaints of lower back pain and left knee pain. The treating physician reported requesting authorization for Diclofenac.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 75mg, #60 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 58.

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

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on Norco for over a year and Motrin for several months. Recent addition, of Diclofenac did not indicate weaning of other medications or Tylenol Failure. No one opioid is superior to another Long-term NSAID use has renal and GI risks and the claimant was given 2 months refills. Continued use of Diclofenac with 2 refills without knowledge of future pain response is not appropriate and is not medically necessary.