

Case Number:	CM15-0069414		
Date Assigned:	04/17/2015	Date of Injury:	07/07/2002
Decision Date:	05/28/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/13/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 50-year-old female, who sustained an industrial injury on 7/7/02. She reported twisting injury to left ankle. The injured worker was diagnosed as having traumatic arthropathy, osteoarthritis and pain. Treatment to date has included anti-inflammatory medications, TENS unit, activity restrictions, orthotics, compression casts of bilateral lower limbs and oral pain medications. Currently, the injured worker complains of left foot and ankle discomfort. Physical exam revealed significant pain and tenderness with manipulation of right and left rear foot and low-grade tenderness with manipulation of right and left ankle with non-erythematous swelling. The treatment plan for the physical exam with date of service 12/5/14 included custom brace and orthopedic shoes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 75mg, #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: Voltaren (diclofenac) is in the non-steroidal anti-inflammatory drug (NSAID) class of medications. The MTUS Guidelines support the use of NSAIDs in managing osteoarthritis-related moderate to severe pain. The Guidelines stress the importance of using the lowest dose necessary for the shortest amount of time. They further emphasize that clinicians should weigh the benefits of these medications against the potential negative effects, especially in the setting of gastrointestinal or cardiovascular risk factors. The submitted and reviewed documentation indicated the worker was experiencing pain in the right knee, both shoulders, and both feet. The documented pain assessments did not include many of the elements recommended by the Guidelines. These records did not include an individualized risk assessment or an exploration of the potential negative effects from diclofenac. In the absence of such evidence, the current request for sixty tablets of Voltaren (diclofenac) 75mg with two refills is not medically necessary.