

Case Number:	CM15-0075071		
Date Assigned:	04/27/2015	Date of Injury:	03/06/2012
Decision Date:	05/26/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/20/2015

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, Occupational 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 41-year-old male, with a reported date of injury of 03/08/2012. The diagnoses include derangement of post medial meniscus and neuralgia/neuritis. Treatments to date have included a knee brace, home exercise program, oral medications, topical pain medication, left knee arthroscopy, and an MRI of the left knee. The visit note dated 02/09/2015 indicates that the injured worker complained of chronic left knee pain. He continued to note an improvement in his left knee pain. The objective findings include an antalgic gait, no swelling, normal muscle tone in the left lower extremity, no tenderness to palpation, and normal musculoskeletal strength in the left lower extremity. The treating physician requested diclofenac 1.5% 60 grams. It was noted that the medications continued to provide the injured worker with ongoing pain relief as well as functional benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Diclofenac 1.5% 60- grms #1 (DOS 03/05/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: MTUS 2009 states that diclofenac gel is appropriate to treat knee osteoarthritis within the first two weeks of the onset of pain. The patient has already been prescribed Capsaicin 0.075% to treat the osteoarthritis. The medical record does not indicate why both Capsaicin and Diclofenac are needed simultaneously. The patient is already prescribed a topical analgesic and MTUS 2009 does not support the sustained use of Diclofenac topical beyond the acute phase. This request for Diclofenac 1.5% 60 grams #1 is not medically necessary.