

Case Number:	CM15-0093232		
Date Assigned:	05/19/2015	Date of Injury:	08/01/2012
Decision Date:	06/29/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/14/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, 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 applicant is a represented 52-year-old who has filed a claim for chronic knee and leg pain reportedly associated with an industrial injury of August 1, 2012. In a Utilization Review report dated May 5, 2015, the claims administrator failed to approve a request for topical diclofenac. An April 17, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On January 9, 2015, the applicant reported ongoing complaints of knee and leg pain. The applicant's medication list included Relafen, topical diclofenac, a capsaicin cream, and Flexeril. Ultracet was also prescribed on this date. The applicant was not working, it was reported. The applicant stated that activities of daily living as basic as standing and walking remained problematic. The applicant had apparently tried and failed to lose weight, it was suggested. The applicant was using a cane to move about, it was further noted. MRI imaging of the knee dated November 18, 2014 was notable for moderate-to-severe patellofemoral arthrosis. In a RFA form dated May 18, 2015, Ultracet, topical diclofenac, and capsaicin cream were appealed. In an associated appeal letter dated May 14, 2015, the attending provider acknowledged that the applicant was not working and had not worked since March 2014. The attending provider stated that the applicant's pain complaints were 10/10 without medications versus 6-7/10 with medications. The attending provider acknowledged that the applicant was still having difficulty ambulating about.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium 1.5 Percent 60 Gram #2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel 1% (diclofenac) Page(s): 112.

Decision rationale: No, the request for topical diclofenac was not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical diclofenac is indicated in the treatment of knee arthritis, i. e. , the operating diagnosis present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, the applicant was off of work, it was acknowledged, and had apparently not worked since earlier 2014, it was suggested above. While the attending provider did recount some reported reduction in pain scores from 10/10 without medications to 6-7/10 with medications, these reports were, however outweighed by the applicant's failure to return to work, the applicant's continued difficulty performing activities of daily living as basic as standing and walking, despite ongoing diclofenac usage, the applicant's continued dependence on a cane, and the failure of topical diclofenac to reduce the applicant's dependence on opioid agents such as Ultracet. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792. 20e, despite ongoing usage of topical diclofenac. Therefore, the request was not medically necessary.