

Case Number:	CM15-0099077		
Date Assigned:	06/02/2015	Date of Injury:	11/08/2012
Decision Date:	06/30/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/22/2015

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 41 year old female, who sustained an industrial injury on November 8, 2012. She reported a ball hitting her back causing her to fall onto her buttocks, with immediate pain in the left knee and low back. The injured worker was diagnosed as having lumbago and pain in lower leg joint. Treatment to date has included x-rays, chiropractic treatments, lumbar facet injection, bracing, MRI, physical therapy, and medication. Currently, the injured worker complains of lower back pain, pain and swelling in the right knee, and severe left knee pain. The Treating Physician's report dated April 8, 2015, noted the injured worker received a L2-L5 facet nerve block on September 9, 2014, with approximately 70-75% improvement in back pain and 60-70% improvement in her ability to tolerate standing and walking. Physical examination was noted to show the injured worker with an antalgic gait with tenderness to palpation in both knees in the joint line, moderate edema in the right knee, and presence of soft nontender mass or swelling on the lateral aspect of the knee. Spasm and guarding was noted in the lumbar spine. The current medications were listed as Diclofenac Sodium, Naproxen Sodium, and Omeprazole. A previous surgical consultation was noted to have found the injured worker had severe patellar instability with a grade 3+ gross recurring instability of the left knee with chondromalacia patella, suspected recurrent lateral meniscal tear, and effusion, and recommended patellar stabilization surgery. The treatment plan was noted to include refill of the medications, including Diclofenac Sodium, Naproxen Sodium, and Omeprazole, and a request for authorization for a right knee MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium 1.5% 60grm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics: Non-steroidal anti-inflammatory agents (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The MTUS/Chronic Pain Medical Treatment guidelines comment on the use of topical analgesics such as Diclofenac 1.5%. Topical analgesics are considered as being largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Regarding the use of topical NSAIDs, the above cited guidelines state the following: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. In this study the effect appeared to diminish over time and it was stated that further research was required to determine if results were similar for all preparations. Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). In this case, the records indicate that the use of a topical NSAID is part of the long-term treatment strategy for this patient. As noted in the above cited guidelines, long-term use of topical NSAIDs is not recommended. Further, there is no evidence that the patient is being treated for osteoarthritis or that the patient has received an adequate trial of first-line medications. For these reasons, Diclofenac Sodium 1.5% is not considered medically necessary.