

Case Number:	CM13-0021945		
Date Assigned:	11/13/2013	Date of Injury:	11/13/2004
Decision Date:	01/30/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	09/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Preventative Medicine and Occupational Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of November 13, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation, transfer of care to and from various providers in various specialties; prior left knee arthroscopy; topical agents; Ultracet; a knee sleeve; and extensive periods of time off of work. In a utilization review report of August 12, 2013, the claims administrator denied a request for Voltaren gel, citing non-MTUS ODG Guidelines. The utilization reviewer further [incorrectly] noted that the MTUS does not address the topic of topical Voltaren usage. An earlier progress note of July 30, 2013 is notable for comments that the applicant is using a knee brace. The applicant has returned to work. He is using Vimovo, Voltaren gel, and over-the-counter Tylenol. He is using Voltaren for elbow and knee pain. The applicant exhibits crepitation about the knee and was given a refill of Voltaren. An earlier note of May 27, 2013 is notable for comments that the applicant feels that the topical Voltaren is helpful. An earlier note of September 25, 2012 is notable for comments that the applicant has severe pain and crepitation about the injured knee, while the July 17, 2012 note is notable for comments that the applicant is having issues with intermittent issues with stomach upset.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% 100gm, #1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement. Page(s): 113 of 127.

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Voltaren is indicated in the treatment of small joint arthritis which lends itself towards topical treatment. In this case, the applicant's knee arthritis is, per the MTUS, a joint which lends itself toward topical application. It is further noted that the applicant has evinced functional improvement through prior usage of topical Voltaren by returning to work as a seasonal worker. The applicant also has intermittent issues with dyspepsia, which apparently make it difficult for him to use oral NSAIDs. For all of these reasons, continuing topical Voltaren gel is indicated and appropriate. Therefore, the request is certified.