

Case Number:	CM13-0047061		
Date Assigned:	12/27/2013	Date of Injury:	06/29/2007
Decision Date:	04/02/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/04/2013

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 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 has filed a claim for chronic low back and left knee pain associated with an industrial injury of June 29, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; total knee arthroplasty; and topical gel agents. An earlier note of October 14, 2013 is notable for comments that the applicant reports unchanged symptoms. The applicant has persistent knee swelling with 5-/5 lower extremity strength. Knee range of motion is significantly limited. The applicant is given refills of Voltaren and Celebrex. The applicant is asked to continue home exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

VOLTAREN GEL 2G WITH 2 REFILLS: Upheld

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

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

Decision rationale: While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does state that Voltaren gel can be employed in the treatment of small joint arthritis, which lends itself toward topical treatment, such as, for instance, the knee, one of the joints reportedly

symptomatic here. In this case, however, the applicant's response to the prior usage of Voltaren gel has not been clearly detailed or clearly described. The applicant's work and functional status are unknown. It is not clearly stated whether the applicant has in fact returned to work or not. The limited information on file suggested that the applicant is having persistent pain complaints and significantly limited knee range of motion. There is no evidence of a prior favorable response to usage of Voltaren gel. Therefore, the request is not certified owing to a lack of clear benefit through prior usage of the gel as defined by the parameters established in MTUS 9792.20f.

CELEBREX 200MG #30 WITH 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Drugs Page(s): 22.

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, COX-2 inhibitors, such as Celebrex can be considered if an applicant has a risk of GI complications, but is not indicated for the majority of patients. In this case, there is no clearly stated risk or history of GI complications for which Celebrex would be indicated. Therefore, the request is not certified, on independent medical review.