

Case Number:	CM13-0069012		
Date Assigned:	01/03/2014	Date of Injury:	10/24/2003
Decision Date:	05/28/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/20/2013

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. The expert 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 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/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 patient is an employee of [REDACTED] and has filed a claim for internal derangement of the knee associated with an industrial injury date of October 24, 2003. Treatment to date has included physical therapy, home exercise program, left knee arthroscopy 2005, and medications. Medical records from 2013 through 2014 were reviewed showing the patient complaining of chronic left knee pain. The pain is reported to be at 5/10 on the pain scale. The pain is worse with prolonged walking and prolonged standing. On examination, the patient ambulates without any assistance and has a normal gait. A utilization review from November 21, 2013 denied the requests for Voltaren gel due to no evidence of osteoarthritis and lidocaine ointment due to no failure of first line medications as well as no support for 5% formulation of Lidocaine.

IMR ISSUES, DECISIONS AND RATIONALES

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

VOLTAREN GEL 1%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, 2009, 112

Decision rationale: As stated on page 112 of the MTUS Chronic Pain Guidelines, Voltaren gel is indicated for relief of osteoarthritis pain in joints to lend themselves to topical treatment such as ankles, elbows, feet, hands, knees, and wrists. In this case, the patient has been using Voltaren gel since November 2013. However, there was no documentation of functional gains such as improved ability to perform activities of daily living or decreased pain scores from the use of this medication. In addition, the request does not specify a quantity to be dispensed. Therefore, the request for Voltaren gel is not medically necessary and appropriate.

ONE PRESCRIPTION OF LIDOCAINE 5% OINTMENT #1: 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): 111-113.

Decision rationale: As stated on pages 111-113 of the MTUS Chronic Pain Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. The MTUS Chronic Pain Guidelines does not recommend the use of Lidocaine in topical formulations unless in transdermal form. In this case, the patient has been using Lidocaine 5% ointment since September 2013. However, this formulation is not recommended and there is no discussion concerning the need for variance from the MTUS Chronic Pain Guidelines. Therefore, the request for Lidocaine 5% ointment is not medically necessary and appropriate.