

Case Number:	CM14-0001601		
Date Assigned:	01/22/2014	Date of Injury:	02/25/2011
Decision Date:	06/09/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/06/2014

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 Emergency Medicine, and is licensed to practice in New York. 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 a 54-year-old female who was injured on February 25, 2011. The patient continued to experience pain in her left knee. Physical examination was notable for no deformity, swelling, muscle atrophy, no tenderness on palpation, and no limitation in range of motion. There was decreased sensation to pinwheel left lateral calf and the webspace between the left big and second toe. An MRI of the left knee reported post-surgical changes, age-indeterminate injury of the medical collateral ligament, and chondrosis of the knee. Diagnoses included knee osteoarthritis, anterior cruciate ligament injury, and left peroneal nerve injury. Treatment included a home exercise program, the use of a TENS unit, medications, and a knee brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

VOLTAREN GEL 100 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

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

Decision rationale: Voltaren gel is the topical form of Diclofenac. Topical NSAIDS have been shown to be superior to placebo in the treatment of osteoarthritis, but only in the short term, i.e.

not for extended treatment as the effect appears to diminish over time. Absorption of the medication can occur and may have systemic side effects comparable to oral form. Adverse effects for GI toxicity and renal function have been reported. It has not been evaluated for treatment of the spine, hip, or shoulder. Diclofenac is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment, such as the ankle, elbow, foot, hand, knee, and wrist but is not recommended as a first line treatment due to its risk profile. Systematic review of evidence on NSAIDs confirms that it poses an equal cardiovascular risk to that of Vioxx, which was taken off the market. In this case, physical examination is not consistent with symptomatic osteoarthritis, the only indication for Diclofenac. In addition the patient is already being treated with naproxen, another NSAID. This increases the risk of adverse effects. As such, the request is not medically necessary.