

Case Number:	CM14-0102489		
Date Assigned:	07/30/2014	Date of Injury:	07/30/2007
Decision Date:	09/09/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	07/02/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 56 year old male who was injured on 7/30/2007. The diagnoses are bilateral knee pain, depression and insomnia. On 5/27/2014, the treating physician noted that the patient was able to function with the utilization of ketoprofen and knee brace until ketoprofen was denied by the insurance. On 7/15/2014, the treating physician noted that the knee pain had increased significantly due to insurance denial of Voltaren gel and ketoprofen. The patient was no longer able to fulfill activities of daily living or perform simple household chores. Other medications are listed as gabapentin and Tylenol #3 for pain, Zanaflex for muscle spasm and Pristiq for depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1%: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67-73, 111-113.

Decision rationale: The CA MTUS and the ODG guidelines addressed the use of topical NSAIDs for the treatment of chronic musculoskeletal pain. Topical NSAIDs can be utilized

when oral medications is not tolerated or are ineffective. The efficacy of oral NSAIDs can diminish over time. The record indicate that the oral ketoprofen which was effective is no longer available for the patient. There is documented significant increase in pain and decrease in ADL since the non certification of topical and oral NSAIDs. Topical Voltaren is effective in the control of localized arthritis pain of the knees and smaller extremities joints. The use of topical NSAIDs is associated with less gastrointestinal side effects than oral NSAIDs for this 56 year old patient. The criteria for the use of Voltaren 1% was met.