

Case Number:	CM14-0107885		
Date Assigned:	08/01/2014	Date of Injury:	06/01/2010
Decision Date:	10/09/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/11/2014

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. 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 injured worker is a 64 year old male injured on 06/01/10 due to an undisclosed mechanism of injury. Diagnoses include lumbosacral strain/arthrosis with central and neural foramina stenosis, left knee status-post arthroscopically assisted anterior cruciate ligament reconstruction with allograft partial medial and lateral meniscectomy and chondroplasty, and left knee arthrosis. The clinical note dated 03/27/14 indicated the injured worker presented complaining of ongoing low back pain intermittently with left lower extremity radicular symptoms. The injured worker also complained of intermittent left knee pain precipitated with prolonged weight bearing and cold weather. Physical examination of the lumbar spine revealed tenderness left-sided paraspinal muscles, positive straight leg raise, 5/5 muscle testing. Examination of the left knee revealed positive fusion, tenderness in the medial and lateral joint line, mild flexion contracture, flexion to 100 degrees, negative Hollman's sign bilaterally, ambulation with antalgic gait utilizing single point cane. Treatment plan included continuation of home exercise program to prevent deconditioning, referral for review of MRI of the lumbar spine, and prescriptions for Ultracet and Voltaren 1% gel. The initial request was non-certified on 06/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% apply TIC pm 100gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel (diclofenac) Page(s): 112.

Decision rationale: As noted on page 112 of the Chronic Pain Medical Treatment Guidelines, Voltaren Gel (Diclofenac) is not recommended as a first-line treatment. Diclofenac is recommended for osteoarthritis after failure of an oral NSAID, contraindications to oral NSAIDs, or for patients who cannot swallow solid oral dosage forms, and after considering the increased risk profile with Diclofenac, including topical formulations. According to FDA MedWatch, post-marketing surveillance of Diclofenac has reported cases of severe hepatic reactions, including liver necrosis, jaundice, fulminant hepatitis with and without jaundice, and liver failure. With the lack of data to support superiority of Diclofenac over other NSAIDs and the possible increased hepatic and cardiovascular risk associated with its use, alternative analgesics and/or non-pharmacological therapy should be considered. As such, the request for Voltaren gel 1% apply TIC pm 100gm cannot be considered as medically necessary.

Ultracin Cream 60gm apply BIC prn: Upheld

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

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

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Ultracin is noted to contain capsaicin, menthol, and methyl salicylate. There is no indication in the documentation that the injured worker cannot utilize the readily available over-the-counter version of this medication without benefit. As such, the request for Ultracin cream 60gm apply BIC as needed cannot be considered as medically necessary.