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| Case Number: | CM14-0013159 | | |
| Date Assigned: | 02/24/2014 | Date of Injury: | 02/17/1999 |
| Decision Date: | 06/30/2014 | UR Denial Date: | 01/03/2014 |
| Priority: | Standard | Application Received: | 02/03/2014 |

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 Physical Medicine and Rehabilitation, 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 injured worker is a 61-year-old female who reported an injury on 02/17/1999. The mechanism of injury was not provided in the clinical documentation submitted. Within the clinical note dated 09/26/2013, the injured worker complained of pain to the right knee with burning. Upon the physical examination, the provider noted the injured worker to have a good gait. The active range of motion of the right shoulder was 0 degrees to 120 degrees. The bone scan on 08/19/2013 revealed no sign of loosening of the knee. The injured worker had diagnoses of osteoarthritis of the right knee and status post right total knee replacement. The provider requested for Voltaren XR #60. However, a rationale was not provided for review within the documentation. The request for authorization was not provided for review in the documentation submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

VOLTAREN XR #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, DICLOFENAC SODIUM (VOLTAREN, VOLTAREN-XR),

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 67.

Decision rationale: The request for Voltaren XR #60 is non-certified. The injured worker complained of right knee pain and burning. The California MTUS Guidelines note Voltaren XR, a form of NSAIDs, is recommended for osteoarthritis including knee and hip. The guidelines recommend the use of the NSAID at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors. NSAIDs appear to be used superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend 1 drug in this class over the other based on its efficacy. The guidelines also note there is no evidence for long-term effectiveness for pain or function. There was lack of documentation within the medical records indicating the efficacy of the medication as evidenced by significant objective functional improvement. Additionally, the request submitted failed to provide the frequency and the strength of the medication. Therefore, the request for Voltaren XR #60 is non-certified.