

Case Number:	CM14-0126752		
Date Assigned:	08/13/2014	Date of Injury:	02/19/2013
Decision Date:	09/18/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/11/2014

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 Physical Medicine & 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 54-year-old male with a reported injury on 02/09/2013 that was acquired while he was walking in the parking lot and he twisted his knee. His diagnoses included chondromalacia and arthritis of the right knee with meniscal tear, right knee status post arthroscopic surgery on 01/17/2014, left knee complex degenerative tear of the posterior horn of the lateral meniscus with chondromalacia and delaminating articular surface chondral injury, left knee medial femoral condyle status post left knee arthroscopic surgery on 05/09/2014, and bilateral knee industrial injury. The injured worker has had previous treatments of ice, chiropractic therapy, and the use of wearing knee braces. He has had the use of NSAIDs and Tylenol. He has been recommended to have physical therapy sessions. The injured worker had an examination on 07/03/2014 for an orthopedic re-evaluation of his left knee. He was status post left knee diagnostic and operative arthroscopy on 05/09/2014. Overall, the patient was making slow but steady progress. He continued to have significant pain in the lateral aspect of his knee and his range of motion was still painful with flexion. He had reached full extension and he continued to make progress with physical therapy but continued to have deficits at this time. The physical examination of the left knee showed that the patient was well healed and he had 1+ effusion and his range of motion lacked 5 degrees of extension to 95 degrees of flexion. The list of medications was not provided. There was a lack of pain scale on a VAS scale provided. The recommended plan of treatment was for the injured worker to have additional sessions of physical therapy. There was no mention of his medications and the mention of the Voltaren gel at this evaluation. The Request for Authorization and the rationale were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1%, #2 tubes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines, Topical Analgesics, Pain Procedure Summary.

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

Decision rationale: The request for Voltaren gel 1%, #2 tubes is not medically necessary. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The California MTUS Guidelines do not recommend any compounded product that contains at least 1 drug or drug class that is not recommended. The Voltaren gel is a non-steroidal anti-inflammatory agent and the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. The indications for topical analgesics are for osteoarthritis and tendinitis, in particular that of the knee and elbow, and they are recommended only for the use of 4 to 12 weeks. There is a lack of evidence that the injured worker has osteoarthritis and it is unknown as to how long this medication has been being applied. There is a lack of evidence to support the medical necessity of the Voltaren gel. Furthermore, there is a lack of directions as far as frequency, duration, and placement of this medication. The clinical information fails to meet the evidence-based guidelines for this request. Therefore, the request for Voltaren gel 1% is not medically necessary.