

Case Number:	CM14-0131432		
Date Assigned:	08/20/2014	Date of Injury:	11/02/2012
Decision Date:	10/10/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/18/2014

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 Internal Medicine 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 39 year old male who was injured on 11/02/12 when the strap broke while tying down a load on his truck, causing his right knee to strike the ground. Clinical diagnoses include lumbago and knee pain/joint pain in the leg. Clinical documentation indicated the injured worker had a right knee arthroscopy with partial meniscectomy on 11/06/13. MRI of the right knee dated 02/11/14 revealed minimal joint effusion. There was evidence of previous surgery to the medial meniscus with a blunted tip within the posterior midportion of the medial meniscus with linear increased signal throughout the medial meniscus most pronounced posterior to midportion coming to the tip of the meniscus, where the surgical changes are noted. Whether this is a postoperative change or whether there is any tear, is uncertain. The patient has had treatment in the form of medications, activity restrictions, rest home exercise programs, physical therapy, cortisone injections, and surgery. Clinical note dated 06/03/14 indicated the injured worker complains of right knee pain medially, with sharp shooting pain when walking. The clinical documentation indicated the injured worker is doing his own exercise, walking and treadmill. He also indicated he is not using any medication orally but is using cannabis and alcohol topical to knee and this is helping in pain control. Clinical note dated 07/29/14 indicated the injured worker continues to have knee pain and states he slipped and fell to his left arm and may have put some pressure on his right leg. The injured worker also indicated he is getting stomach irritation with Naproxen use. The injured worker also indicated he continues to use alcohol and cannabis for pain. He also indicated he is trying to increase his activity. Pain level was rated as 10/10 and this is with medication. Physical examination revealed swelling on the right knee, with tender joint line and positive McMurray's test. There was tenderness in the lumbar spine and facet joints, with decreased flexion and decreased extension. Medications include Voltaren 1% topical gel QID prn and Anaprox 500mg tab PO BID, and Naproxen 500mg

tab. The previous request for Voltaren Gel 1% topical cream 100gms, 5 tubes and Anaprox DS 550mg #60 was non-certified on 08/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

5 tubes of Voltaren Gel 1% topical cream 100 grams between 8/6/2014 and 9/20/2014:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac (Voltaren) 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. Voltaren gel also has not been evaluated for treatment of the hip, spine or shoulder. 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, the request for Voltaren Gel 1% topical cream 100gms, 5 tubes, cannot be recommended as medically necessary at this time.

60 tablets of Anaprox DS 550 mg between 8/6/2014 and 9/20/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's (non-steroidal anti-inflammatory).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: As noted on page 70 of the Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute lower back pain. Package inserts for NSAIDs recommend periodic lab monitoring of a CBC (complete blood count) and chemistry profile (including liver and renal function tests). There is no documentation that these monitoring recommendations have been performed and the patient is being monitored on a routine basis. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. As such, the request for Anaprox DS 550mg #60 cannot be established as medically necessary.

