

Case Number:	CM14-0132698		
Date Assigned:	08/22/2014	Date of Injury:	12/05/2003
Decision Date:	10/03/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/19/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in New York & 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 42 year old female who reported an injury to her knees. The clinical note dated 04/29/14 indicates the injured worker having been diagnosed with right knee arthritis as well as left knee patellofemoral chondromalacia as well as a medial meniscal tear. The note indicates the injured worker having been prescribed the use of Voltaren gel at that time. The QME dated 04/14/14 indicates the injured worker reporting finding's consistent with significant depression. The injured worker described feelings of worthlessness and hopelessness. The clinical note dated 02/12/14 indicates the injured worker presenting with a significant history of major depression and schizophrenic disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

5 Pack refill of topical Voltaren gel with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Voltaren® Gel (diclofenac)

Decision rationale: Voltaren Gel is recommended for osteoarthritis after a 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 Med Watch, post-marketing surveillance of Voltaren Gel has reported cases of severe hepatic reactions, including liver necrosis, jaundice, fulminant hepatitis with and without jaundice, and liver failure. As such the request for this medication is not medically necessary.