

Case Number:	CM14-0133179		
Date Assigned:	08/22/2014	Date of Injury:	05/20/1995
Decision Date:	09/25/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/20/2014

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 67-year-old female who sustained a work related injury to the left knee and left shoulder on 5/20/95. The past treatment has included revision left TKA on 8/9/11, left knee Manipulation under anesthesia (MUA) on 4/5/12, physical therapy and medications. Lumbar MRI scan on 2/21/14 revealed minor changes and facet disease without significant stenosis and there was early discogenic disease at L2-L3. As per the report dated 1/29/14 the patient again fell in 11/2013 and 12/2013 and was complaining of nocturnal left shoulder pain. She was treated with Celebrex. As per the most recent consultation dated 7/23/14, the patient was still complaining of constant left knee pain and swelling and left shoulder pain. She has left foot drop. Diagnoses include left MUA on 4/5/12; revision left total knee arthroplasty (TKA) on 8/9/11; left TKA; left foot drop; and possible peroneal injury. Treatment plan included new left AFO, Physical Therapy, H2O therapy, Celebrex 200 mg and topical gel. Authorization was provided for Celebrex 200 mg #30 and the request for Voltaren gel and Flector patch on 2/24/14 was denied. The request for Flector Patch 1.3% #30 and Voltaren gel 1% # 30 was denied based on medical guide lines on 8/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector Patch 1.3% #30 Qty# 0: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES (PAIN, CHRONIC).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation), Pain.

Decision rationale: ODG - Flector patch (Diclofenac Epolamine) - Not recommended as a first-line treatment. Topical diclofenac is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs, after considering the increased risk profile with diclofenac, including topical formulations. The medical records do not establish the patient is unable to utilize and tolerate standard oral analgesics, which would be considered first-line therapy. It is also not established that the patient has OA pain in a joint amenable to topical application. Therefore, Flector patch is not medically necessary.

Voltaren gel 1% Qty# 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES-INTEGATED TREATMENT/DISABILITY DURATION (PAIN, CHRONIC).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain.

Decision rationale: ODG - Voltaren gel (diclofenac) - Not recommended as a first-line treatment. Topical diclofenac is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs, after considering the increased risk profile with diclofenac, including topical formulations. The medical records do not establish the patient is unable to utilize and tolerate standard oral analgesics, which would be considered first-line therapy. It is also not established that the patient has OA pain in a joint amenable to topical application. Therefore, Voltaren gel is not medically necessary.