MAXIMUS Federal Services

Case Number:	CM14-0151788		
Date Assigned:	09/19/2014	Date of Injury:	04/26/2012
Decision Date:	10/21/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/17/2014

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, has a subspecialty Interventional Spine 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 patient is a 61 year old male with an injury date of 04/26/12. The 08/22/14 progress report by [redacted] states, the patient presents with good relief from medications and is able to go walking. Pain is rated 2/10 with medications and 6/10 without with duration of relief of 4 hours. The patient is noted to be temporarily totally disabled until 08/26/14 with return to work 08/27/14 with modified duties. Examination reveals right knee swelling. The report also states, Positive for joint pain, muscle spasm, sore muscles, swelling and high blood pressure. A past surgery of the right hand is noted (date unknown). The patient's diagnoses include: Right index/long finer tenosyn; Episodes of triggering Lx index; Trigger release 100; Right knee PFA/oa. The patient's current medication is listed as Voltaren. The utilization review being challenged is dated 09/05/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1 po qd #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: The patient presents with right knee swelling, joint pain, muscle spasm and swelling. Pain is rated 2/10 with medications and 6/10 without. The provider requests for Voltaren (an NSAID) 1 po qd #30. The provider notes the medication is to reduce pain/inflammation so the patient may increase activity and functional restoration, to reduce pain and inflammation due to osteoarthritis and for chronic maintenance therapy. No other medications were noted on the reports provided. MTUS pages 67,68 state that NSAIDs are specifically recommended for Osteoarthritis including the knee and hip and are recommended for the shortest period in patients with severe to moderate pain. In this case the treater documents a 4 point improvement of pain in the patient. The reports provided indicate the medication is starting for the patient on 08/22/14. The body part identified is the right knee, and the treater states the use is to reduce pain and inflammation for osteoarthritis. Such as, Voltaren 1 po qd #30 is medically necessary.