

Case Number:	CM14-0163612		
Date Assigned:	10/08/2014	Date of Injury:	01/11/2000
Decision Date:	12/31/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/06/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 47 year old male with a repetitive trauma injury as an airplane mechanic on 1/11/2000. The injured worker had a right total knee replacement in March 2011 but continues with an unstable, painful knee. The current diagnoses were cervical spine disc displacement, cervical spinal stenosis, chondromalacia of the left knee, capsulitis of the shoulder, and degenerative lumbar-sacral disc. The current treatment was a home exercise program, muscle relaxant, viscosupplementation to the left knee, and pain medication. The injured worker complained of low back pain, right and left knee pain and weakness, left shoulder pain and frequent falls.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 75 mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Section Page(s): 67, and 77 - 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NON SELECTIVE NSAIDS Page(s): 72.

Decision rationale: There is no documentation from the patient file that the provider titrated Voltaren to the lowest effective dose and used it for the shortest period possible. Voltaren was

used without clear documentation of its efficacy. Furthermore, there is no documentation that the provider followed the patient for NSAID adverse reactions that are not limited to GI side effect, but also may affect the renal function. Therefore, the request for Voltaren 75 mg is not medically necessary.