

Case Number:	CM14-0179101		
Date Assigned:	11/03/2014	Date of Injury:	02/25/2011
Decision Date:	12/11/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	10/28/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

Patient is a 50-year-old female who has submitted a claim for left knee strain status post arthroscopy associated with an industrial injury date of 2/25/2011. Medical records from 2014 were reviewed. Patient complained of burning and stinging pain on the plantar aspect of the left foot. She continued to have persistent pain along the medial and anterior aspects of the left knee. Aggravating factors included prolonged standing and walking. Physical examination of the left knee showed a persistent flexion contracture of 25 degrees with further flexion to 75 to 80 degrees. Muscle atrophy and mild swelling were noted. Tenderness was noted over the medial and anterior aspects of the left knee. Gait was antalgic favoring the left. Treatment to date has included left knee arthroscopy, physical therapy, and medications such as Lidoderm patches, Norco, Voltaren gel (since August 2014), and trazodone. Patient had gastrointestinal issues from use of oral nonsteroidal anti-inflammatory drugs prompting prescription of Voltaren gel. Utilization review from 10/20/2014 modified the request for Voltaren gel 1% with 3 refills into Voltaren gel 1% with no refills because reevaluation and reassessment should be performed prior to prescription of refills. A topical drug may be necessary because patient complained of nausea and vomiting from oral medication use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: As stated on pages 111-112 of CA MTUS Chronic Pain Medical Treatment Guidelines, topical non-steroidal anti-inflammatory drugs (NSAIDs) have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis. Topical diclofenac is particularly indicated for osteoarthritis and tendinitis of the knee, elbow or other joints for short-term use (4-12 weeks). In this case, patient is prescribed Voltaren gel since August 2014 secondary to gastrointestinal issues from oral NSAID use. Diclofenac is recommended for left knee pain and swelling secondary to strain. However, there is no documentation concerning pain relief and functional improvement from medication use. Moreover, there is no discussion why 3 refills should be certified at this time. Therefore, the request for Voltaren gel 1% with 3 refills is not medically necessary.