

Case Number:	CM14-0042542		
Date Assigned:	06/30/2014	Date of Injury:	10/28/2008
Decision Date:	08/05/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/09/2014

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 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:

According to the records made available for review, this is a 52-year-old male with a 10/28/08 date of injury, and status post left knee arthroscopy with partial medial and lateral meniscectomy, three-compartment chondroplasty and synovectomy/debridement, and synovial plica resection 2/21/11. At the time of the decision for 2 Tubes of Voltaren Gel 1%, there is documentation of subjective (bilateral knee pain and instability) and objective (bilateral knee range of motion 0 to 130 degrees, positive patellofemoral crepitation, positive patellofemoral grind, medial joint line tenderness, difficulty with deep squat, and tenderness to palpation along medial compartment) findings, current diagnoses (status post left knee diagnostic and operative arthroscopy in February 2011), and treatment to date (surgery and Synvisc injections). A 1/30/14 medical report indicates the patient has clear intraoperative evidence of osteoarthritis as well as medial and patellofemoral joint space compartment narrowing on weightbearing x-rays. There is no documentation of the intention to treat over a short course (4-12 weeks) and of failure of an oral NSAID or contraindications to oral NSAIDs.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Tubes of Voltaren Gel 1%: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory agents (NSAIDs) Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Diclofenac sodium.

Decision rationale: The MTUS Chronic Pain Guidelines identifies documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks), as criteria necessary to support the medical necessity of Voltaren Gel 1%. The ODG identifies documentation of failure of an oral NSAID or contraindications to oral NSAIDs, as criteria necessary to support the medical necessity of Voltaren Gel. Within the medical information available for review, there is documentation of a diagnosis of status post left knee diagnostic and operative arthroscopy in February 2011. In addition, there is documentation of osteoarthritis pain in joints that lend themselves to topical treatment (knee). However, there is no documentation of the intention to treat over a short course (4-12 weeks). In addition, there is no documentation of failure of an oral NSAID or contraindications to oral NSAIDs. Therefore, based on guidelines and a review of the evidence, the request for 2 Tubes of Voltaren Gel 1% is not medically necessary.