

Case Number:	CM14-0048440		
Date Assigned:	04/25/2014	Date of Injury:	09/18/2013
Decision Date:	07/07/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/16/2014

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 & 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 underlying date of injury in this case is 09/18/2013. The patient's diagnoses include a bilateral upper extremity and elbow sprain/strain, medial epicondylitis, lumbar sprain with acute bilateral lower extremity radicular symptoms, left knee sprain with possible internal derangement, arthrosis of the left knee with torn medial meniscus, and overuse of the right knee status post the left knee injury. On 01/17/2014, the patient was seen in pain management follow-up. The patient reported that a combination of Norco and naproxen was helpful for pain control, although the patient had dyspepsia. The patient still had symptoms of pain in his left knee. An MRI of the left knee demonstrated severe arthrosis at the medial compartment with degenerative tearing of the posterior horn and body of the medial meniscus. The treatment plan recommended included an orthopedic surgical consultation, trial of omeprazole due to dyspepsia, and a trial of Voltaren Gel for painful osteoarthritis of the left knee. An initial physician review stated that the medical records did not establish that this patient has osteoarthritis in his knee to warrant consideration of topical application. That reviewer recommended non-certification of this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

VOLTAREN GEL 1%: Overturned

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: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on topical analgesics, discuss Voltaren Gel and state that this is indicated for osteoarthritis in joints which lend themselves to treatment, which specifically includes the knee. The prior physician review states that it is not clear that this patient has osteoarthritis sufficient to warrant this medication. The medical records in this case outline stiff range of motion, medial and lateral joint line tenderness, and most notably outline a recent MRI of the knee demonstrating severe arthrosis at the medial compartment and severe arthrosis of the patellofemoral compartment with a small to moderate sized joint effusion. The claimant has been noted to have significant pain in the affected knee with compensatory pain in the opposite knee and limitations with oral medications due to gastric side effects. It is not clear if the prior reviewer had the results of the 01/02/2014 MRI available for consideration as part of that initial review. This patient classically meets the criteria in the treatment guidelines for the requested Voltaren Gel 1%; therefore, it is medically necessary and appropriate.