MAXIMUS Federal Services

Case Number:	CM14-0069853		
Date Assigned:	07/14/2014	Date of Injury:	09/12/2002
Decision Date:	09/10/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/15/2014

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 and is licensed to practice in Louisiana 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 70 year old male who was injured on 09/12/02. The mechanism of injury is unknown. The patient has been treated with Voltaren Gel in the past, since 03/13. The progress report dated 04/14/14 states the patient presented with complaints of left knee pain with locking. He reported right knee pain from favoring his left knee with pain in bilateral hips. On exam, McMurray's and Lachman's Tests are negative in the left knee, there is left knee crepitus and swelling and tenderness. There is tenderness medially in the right knee. He is diagnosed with chronic left knee pain with degenerative changes, status post arthroscopic surgery on 03/07/07; with grade III arthritic changes in the lateral facet of the patella and grade II arthritic changes of the femoral trochlea; there is grade II arthritis of the medial femoral condyle; chronic right knee pain probably from favoring the left knee with documented treatment of the right knee; chronic right hip trochanteric bursisitis with left hip trochanteric bursitis in the past; chronic left leg radicular findings with decreased Achilles tendon reflex and insomnia secondary to pain. The patient is recommended for Lidoderm Patches one to three a day; Voltaren Gel (Diclofenac) 1% to relieve osteoarthritis pain in the joints. Prior utilization review dated 06/06/2014 states the request for Voltaren Gel 100grams #5 with 3 refills is not certified as there is a lack of documented evidence to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 100 grams #5 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: The guidelines indicate that Voltaren gel is considered a topical non-steroidal anti-inflammatory agent. The guidelines suggest the use of this type of medication for chronic musculoskeletal pain, but there are no long term studies of their effectiveness or safety. Topical NSAIDs are indicated for the short term treatment (4-12 weeks) of osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. The records indicate use of this medication since at least 3/7/13, with no reported improvement in pain. The continued use of this medication is not supported by the guidelines and is not medically necessary.