

Case Number:	CM14-0078337		
Date Assigned:	07/18/2014	Date of Injury:	08/14/2012
Decision Date:	08/25/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/28/2014

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 Physical Medicine and 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 injured worker is a 56-year-old male who reported an injury on 08/14/2012 due to stepping on some rotted wood, almost falling backwards, twisting his knee and becoming stuck in the rotted wood. He stated he felt a pull in the knee and also felt a burning pain and then numbness. The injured worker has diagnoses of status post left knee replacement, left knee meniscal tear, left knee internal derangement, left knee pain, left knee sprain/strain, hypertension, and diabetes mellitus. The injured worker's past treatment includes a TENS unit, psychiatric therapy, pool therapy, hot/cold wraps, hinged knee brace, a knee unloading brace, Hyalgan injections, cortisone injections, physical therapy, and medication therapy. Diagnostics include an MRI of the right knee, MRI of the left knee showing wear of the meniscus, and a standing x-ray revealing no articular surface left medial on standing views on both knees medial and 1 mm lateral. The injured worker has undergone right knee surgery in 2003, left knee replacement in 03/2014, and left knee arthroscopy on 07/13/2013. The injured worker complained of left knee pain. The injured worker stated that prolonged sitting/standing, lifting, driving, or any activities increased the pain level. There were no measurable pain levels documented in the submitted report. Physical examination dated 05/21/2014 revealed there was tenderness upon palpation of the left knee. There was medial joint line tenderness of the left knee. The range of motion was restricted by pain in all directions. There was also clicking and crepitus in the left knee. Muscle stretch reflexes were 1 and symmetrical bilaterally in all limbs. Clonus, Babinski, and Hoffmann signs were absent bilaterally. Muscle strength was 5/5 in all limbs. Medications include Lisinopril, naproxen, Voltaren gel, Levitra, tramadol 50 mg, and Remeron. The treatment plan is for a recommendation to address the right knee and continuation of 12 visits of therapy. Medications would be provided by the provider. Fluoroscopic evaluation of the left knee revealed good placement of the prosthesis and no loosening. The injured worker would be

advised how to use medication at home. The injured worker would continue the use of Voltaren gel and naproxen 550 mg. The Request for Authorization form was submitted on 02/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The request for Voltaren gel is non-certified. The injured worker complained of left knee pain. The injured worker stated that prolonged sitting/standing, lifting, driving, or any activities increased the pain level. There were no measurable pain levels documented in the submitted report. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Not recommended for the use of neuropathic pain, as there is no evidence to support use. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In the submitted reports, there was no documentation as to where the cream would be applied, the amount applied, or frequency. There was also a lack of quantified evidence of any range of motion, strength, and/or effectiveness of the current medications the injured worker was taking. Given the above and the evidence in the submitted reports, the use of Voltaren is not recommended. The efficacy is also questionable and there was no evidence of the injured worker having trialed and failed any antidepressants or anticonvulsants. Furthermore, the request did not specify a location of the medication, a dosage, or a frequency. As such, the request for Voltaren gel is non-certified.

Naproxen 550mg #60/ 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Anaprox Page(s): 72-73.

Decision rationale: The request for Naproxen 550mg #60/ 2 refills is non-certified. The injured worker complained of left knee pain. The injured worker stated that prolonged sitting/standing, lifting, driving, or any activities increased the pain level. California MTUS guidelines indicate that Anaprox is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis and they recommend the lowest effective dose be used for all

NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. As guidelines state, naproxen is recommended for relief of osteoarthritis but it also states that it is recommended at its lowest effective dose and in shortest duration of time. Submitted reports dated back to 02/15/2013 show that the injured worker was taking naproxen 500 mg. Long-term use of naproxen can put people at high risk of developing NSAID-induced gastric or duodenal ulcers. The guidelines also recommend that naproxen be given at its lowest effective dose, which is 250 mg. Given that the request is for 550 mg, it exceeds the MTUS Guidelines. Furthermore, the frequency was not submitted in the request. The efficacy of the medication was not provided to support the continuation of the medication. As such, the request for naproxen 550 mg #60 tablets with 2 refills is non-certified.