

Case Number:	CM14-0081128		
Date Assigned:	07/28/2014	Date of Injury:	06/28/2008
Decision Date:	12/19/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	06/02/2014

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, has a subspecialty in Pain Medicine 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's original date of injury was June 28, 2008. The injured worker was employed as a police officer and suffered a fracture to the right tibia and left clavicle when he fell while pursuing a suspect. The patient has chronic right knee pain. Previous diagnostic workup has included x-rays and MRIs of the right knee. There is a small apical tear of the anterior horn junction of the lateral meniscus. There is also chondromalacia noted. Conservative treatments have included oral ibuprofen and intra-articular Viscosupplementation. The patient has had right knee arthroscopic surgery. The disputed issue is a request for mold 10 gel. This was denied in a utilization review determination, in which the reviewer stated that there is "no indication that this claimant cannot tolerate oral NSAIDs or that he has any contraindications."

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1%: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines on page 112 state the following: "Voltaren Gel 1% (diclofenac): Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity). The most common adverse reactions were dermatitis and pruritus. (Voltaren package insert) For additional adverse effects: see NSAIDs, GI symptoms and cardiovascular risk; & NSAIDs, hypertension and renal function." With regard to the request for Voltaren gel, the CA MTUS recommend topical NSAIDs as an option on a short-term basis of 4 to 12 weeks. This should be applied in joints that are amenable to topical treatment, such as the knees, ankles, feet, hand and wrist. In the case of this injured worker, there is documentation that the patient has been on Voltaren gel for a prolonged period. The notes indicate that the patient has been on Voltaren since at least April 21, 2014 according to the progress notes. Given the guidelines specification on timing, this request is not medically necessary.