

Case Number:	CM14-0089888		
Date Assigned:	07/23/2014	Date of Injury:	11/18/2002
Decision Date:	08/28/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/13/2014

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 Nevada. 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 records, presented for review, indicate that this 54-year-old male was reportedly injured on November 18, 2002. The mechanism of injury is undisclosed. The most recent progress note, dated June 6, 2014, indicated that there were ongoing complaints of right knee pain. The physical examination demonstrated no swelling of the soft tissue above the right knee, no noted scarring or ecchymosis. There was some tenderness to palpation noted as well as patellofemoral crepitation. A slight decrease in knee flexion was reported at 130 degrees and muscle strength was 4/5. Diagnostic imaging studies objectified no intraarticular pathology of the right knee. Some chondral softening was reported. Previous treatment included left knee arthroscopy, multiple medications, physical therapy and topical preparations. A request was made for topical Voltaren gel and was not certified in the preauthorization process on June 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% 100mg tubes QTY: 3.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009), pages 111-112 of 127 Page(s): 111-112 of 127.

Decision rationale: The records reflect that the injured worker reported stomach complaints. However, there were no complaints noted with the previous progress notes presented for review. This topical gel is indicated for the relief of osteoarthritis in joints that limits of such treatment. The knee would be one of the joints. However, there was no noted efficacy or utility with preparation. As such, there is insufficient clinical data presented to support the medical necessity of such a request. Therefore, the request is not medically necessary.