MAXIMUS Federal Services

Case Number:	CM14-0091407		
Date Assigned:	09/12/2014	Date of Injury:	10/30/2012
Decision Date:	10/10/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/16/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 29-year-old male with a 10/30/12 date of injury, when he fell and twisted his left knee during a foot pursuit. The patient underwent left knee arthroscopic surgery on 2/20/13 and left knee diagnostic arthroscopy on 3/21/14. The patient was seen on 5/6/14 with complaints of continued lateral snapping sensation over the lateral aspect of his left knee. The patient stated the instability feelings somewhat resolved but he still continued to have significant discomfort in his left knee. Exam findings revealed well-healed arthroscopic wound, hypoesthesia to the lateral aspect of the knee and a snapping band of tissue that was palpable to the lateral aspect of the patella. Ober's testing was negative and the range of motion was 0-125 degrees. The patellofemoral crepitation and grind were noted. The diagnosis is status post left knee surgery, lumbar spine disc herniation. Treatment to date: physical therapy, Synvisc injections, Kenalog injections, work restrictions and medications. An adverse determination was received on 5/19/14 given that there was a lack of documentation indicating that the patient tried and failed oral NSAIDs and that the current medication list was not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1%, 5 tubes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics and Topical NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Non-steroidal anti-inflammatory agents (NSAIDs)

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

Decision rationale: CA MTUS states that Voltaren Gel is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist); and has not been evaluated for treatment of the spine, hip or shoulder. The patient underwent left knee arthroscopy on 3/21/14 however there is a lack of documentation indicating that the patient's pain was due to an osteoarthritic pain. In addition, the UR decision dated 5/19/14 denied the request for Voltaren due to a lack of documentation indicating that the patient tried and failed oral NSAIDs and that the current medication list was not documented. The list of the patient's medications was not available for the review. Therefore, the request for Voltaren Gel 1%, 5 tubes is not medically necessary.