

Case Number:	CM14-0092461		
Date Assigned:	07/25/2014	Date of Injury:	06/03/2011
Decision Date:	08/29/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/18/2014

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 Georgia. 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 66 year old male who was injured on 06/03/2011. The reported injury occurred while he was walking backwards, carrying a refrigerator. He stepped and twisted his left knee. Prior treatment history has included physical therapy, a home exercise program, and electrical stimulation. Prior medication history includes but may not be limited to: Naproxen, Norco, Dicofenac sodium 1.5%, Orthovisc hyaluronic acid injections, Kenalog injections, topical compounded medication consisting of diclofenac sodium powder/dimethyl sulfoxide liquid/versabasea cream, and Venlafaxine. There was a left knee partial meniscectomy of the medial and lateral meniscus and shaving chondroplasty of a medial femoral condyle lesion performed on 09/2012. Diagnostic studies include MRI of the left knee on 05/24/2013 which demonstrated left tear posteriorly on the medial meniscus; minimal knee joint diffusion and medial knee joint chondromalacia. The patient underwent left knee arthroscopy with tricompartmental chondroplasty and partial medial meniscectomy on 01/2014. A medical evaluation was performed on 02/28/2014 by [REDACTED], a clinical psychologist, who diagnosed the patient with Major depressive disorder, moderate recurrent as well as Pain disorder associated with both psychological factors and a medical condition. Progress report dated on 5/19/2014 state the patient reported benefit from the steroid injection in his left knee. He continued to have pain when weightbearing. Objective findings on exam did not note an abnormality on musculoskeletal exam, other than mild tenderness to palpation and reported numbness at the injection site. Progress report dated 06/20/2014 noted he had completed physical therapy and prior knee injections helped with pain. At this visit, it was noted he was using Naproxen twice daily, which helped decrease his pain from seven out of ten to four out of ten on the VAS scale. He noted depression on review of systems. Diagnosis listed was pain in the lower leg joint. Prior utilization review dated 06/10/2014 stated the request for topical

Diclofenac 1.5% 60 gr was denied due the patient also being on an oral NSAID and the MTUS guidelines not supporting this medication in this form. Venlafaxine Er 37.5 mg #60 was denied because the reviewer reported there was no psyche diagnosis and there is no mention of psyche symptoms. These medications were therefore deemed not medically necessary

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 1.5% 60 gr: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESIC Page(s): 111-113. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) TOPICAL ANALGESICS, ODG.

Decision rationale: The Medical Utilization Treatment Schedule (MTUS) notes the following regarding topical analgesics: they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. While the MTUS does not specifically address this formulation of diclofenac as ordered, it does discuss topical diclofenac in the form of Voltaren gel. The medical records do not document any adverse reaction or inability to tolerate the oral naproxen the patient is currently taking. Furthermore medical records indicate the patient is getting significant relief from the naproxen he is currently taking. Based on the MTUS and ODG guidelines and criteria as well as the clinical documentation stated above, the request is deemed not medically necessary.

Venlafaxine Er 37.5 #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) < Mental Illness and Stress>, <Antidepressants for treatment of MDD (major depressive disorder)>.

Decision rationale: CA MTUS guidelines do not discuss the issue in dispute. The Official Disability Guidelines (ODG) notes that venlafaxine is among many medications that are likely to be optimal for most patients. The medical records document that the patient has moderate recurrent major depressive disorder, and that it is in fact likely directly linked to his injury. Based on the Official Disability guidelines and criteria as well as the clinical documentation stated above, the request for venlafaxine is deemed medically necessary.