

<b>Case Number:</b>	CM14-0104343		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	10/07/2010
<b>Decision Date:</b>	08/06/2015	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Florida

Certification(s)/Specialty: Neurology, Pain Management

### 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 31 year old male who sustained an industrial injury on 10/07/10. Initial complaints and diagnoses are not available. Treatments to date include left knee surgery. Diagnostic studies are not addressed. Current complaints include left knee pain. Current diagnoses include left knee internal derangement. In a progress note dated 06/02/14 the treating provider reports the plan of care as additional left knee surgery, rest, ice, elevation, and Voltaren ER. The requested treatments include Voltaren ER.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren ER 100mg QD times 30 tablets:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 67.

**Decision rationale:** The medical records provided for review support a condition of musculoskeletal pain and reports persistent pain despite treatment with acetaminophen. MTUS

supports the use of an NSAID for pain (mild to moderate) in relation to musculoskeletal type but there is no evidence of long term effectiveness for pain. As such the medical records provided for review do support the use of Voltaren for the insured as there is indication of persistent pain despite acetaminophen. The request is medically necessary.