

Case Number:	CM14-0164060		
Date Assigned:	11/13/2014	Date of Injury:	10/19/2010
Decision Date:	01/27/2015	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/06/2014

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 Internal 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 (IW) is a 61-year-old woman with a date of injury of October 19, 2010. The mechanism of injury occurred as the IW slipped on a wet floor. She sustained an injury to her right knee. The IW has been diagnosed with right knee tricompartmental osteoarthritis. In a handwritten progress note dated March 4, 2014, the IW complains of right knee pain and swelling to the posterior right knee. The injured worker's height is 5'1" and weight is 228 pounds; BMI: 43.1. Objective findings reveal positive swelling in the right knee with positive fullness in the popliteal space. Tenderness to palpation and positive crepitus noted. The treatment plan recommendations include authorization for weight loss program. He reports the IW will need a total knee replacement (TKR) once weight loss achieved. Voltaren gel was prescribed. Pursuant the follow-up progress note dated September 9, 2014, the IW continues to complain of right knee pain. Current weight is 223 pounds. Objective findings unchanged from the 3/4/2014 note. The provider refilled the prescription for Voltaren gel 1%, 2 tubes. There were no detailed pain assessments or evidence of objective functional improvement associated with Voltaren gel. The current request is for medically managed weight loss program, and Voltaren gel 1%, 2 tubes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue medically managed weight loss program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pharmacologic and Surgical Management of

Obesity in Primary Care: A Clinical Practice Guideline from the American College of Physicians, Ann Intern Med 2005 Apr 5;142(7):525-31

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/15809464>.

Decision rationale: Pursuant to the evidence-based guidelines (see attached link), medically managed weight loss program is not medically necessary. Clinicians should counsel all obese patients (defined as those with a body mass index greater than 30 kg/M²) on lifestyle and behavioral modifications such as appropriate diet and exercise and the patient's goals for weight loss should be individually determined. See the guidelines for additional details. In this case, the injured worker is 60 years old with a date of injury October 19, 2010. She is being treated for chronic right knee pain. The Chronic Pain Medical Treatment Guidelines, Official Guidelines and the ACOEM do not address weight loss programs. The guidelines (see attached link) state weight loss should be achieved by clinicians using counseling, pharmacologic therapy, adjunct of therapy, and bariatric surgery. The guidelines do not indicate weight loss programs is medically appropriate options for patients, and indicate weight can be properly managed by the patient and the provider. Consequently, pursuant to the guidelines, the request for medically managed weight loss program is not necessary.

Voltaren Gel 1%, QTY: 2 tubes: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical Analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Voltaren gel 1% #2 tubes are not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of presence and will fail (gel 1% is indicated for relief of osteoarthritis pain in a joint that lends itself to topical treatment (ankle, elbow, foot, knee and wrist). In this case, the injured worker is being treated for chronic right knee pain. The injured worker is 60 years old with a date of injury October 19, 2010. The progress note dated March 4, 2014 shows Voltaren gel 1% was first described. There was no subsequent documentation indicating objective functional improvement or any other reference to the topical analgesic until the renewal on September 9, 2014. Consequently, the request for Voltaren gel 1% is not medically necessary.