

Case Number:	CM14-0173388		
Date Assigned:	10/24/2014	Date of Injury:	04/17/2000
Decision Date:	01/21/2015	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/20/2014

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 Rehabilitation, 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 patient is a 56 year old male with date of injury 04/17/00. The treating physician report dated 08/08/14 indicates that the patient presents with pain affecting his left knee. The physical examination findings reveal that the patient has lost a significant amount of weight; demonstrates a boggy synovitis and effusion to the left knee; he had full extension, flexion, and pain on extremes of motion; in plantigrade position, there is in obvious moderate varus deformity. There is visible atrophy to the quad mechanism as well as to the calf mechanism on the left leg. Patient also has well-healed scars. Patient is status post arthroscopic debridement of the left knee for torn cartilage with progressive osteoarthritic changes to the point where it is now bone-on-bone. Patient states pain was 7/10. The current diagnoses are: 1. Knee pain 719.46, 2. DJD Knee 715.96. The utilization review report dated 09/19/14 denied the request for Voltaren Gel based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1% #100gm, apply 4gm to knee QID: Overturned

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 Topical Analgesics Page(s): 111-113.

Decision rationale: The patient presents with knee pain. The current request is for Voltaren Gel 1% #100 gm, apply 4gm to knee QID. The MTUS Guidelines are specific that topical NSAIDs are for, "Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder." In this case the treating physician has documented that the patient has chronic pain affecting the left arthritic knee and has prescribed this topical NSAID for pain relief. The MTUS guidelines support topical NSAIDs for the peripheral joint pain. The current request is medically necessary.