

Case Number:	CM14-0193275		
Date Assigned:	12/01/2014	Date of Injury:	05/23/2013
Decision Date:	01/26/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/18/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 45-year-old African-American woman who sustained a work-related injury on May 23, 2013. Subsequently, the patient developed knees pain. MRI of the lumbar spine dated October 27, 2014 documented 5 mm left foraminal disc protrusion at L3-4 with moderate left neuroforaminal narrowing and mass effect on the left L3 foraminal nerve. There was annular tear with a 3 mm left foraminal disc protrusion at L4-5 with mild left neuroforaminal narrowing. On a follow-up visit dated September 24, 2014, the patient stated that she bought Voltaren gel on her own as it was denied by her insurance. She continued complaining of significant pain, rating it as 6/10, over the left knee. According to the progress report dated October 22, 2014, the patient denied any improvement despite physical therapy to her left knee. She continued complaining of significant pain, pointing to the inferolateral inferior patellar area. She described her pain level as a 6/10. She also complained of numbness over the anterior lateral aspect of her right lower leg, which she stated was present since her reconstructive patella surgery on the right side. She also stated that when her left knee swells up, she feels numbness and tingling in the bottom of her left foot and toes. Examination of the left knee revealed range of motion from 0 to 140 degrees. Knee flexion strength was 4-/5, knee extension strength 4-/5. She had tenderness in the inferior lateral portion of her patella and along the inferior portion of the patellar tendon itself. She had mild amount of swelling. No swelling was noted in her knee joint. No medial or lateral joint line tenderness. She was able to straight leg raise with no difficulty. Motor sensory was intact. Examination of the right knee revealed range of motion from 0 to 140 degrees. Knee flexion strength was 4/5, knee extension strength was 4/5. She had no tenderness along the inferior border of the patellar tendon and no swelling. She had subjective decreased sensation along the anterolateral aspect of her lower leg consistent with L4 dermatome. Motor and sensation was intact. The patient was diagnosed with status post bilateral medial patellofemoral ligament

reconstruction using hamstring allograft right knee on November 1, 2013 and left knee on March 7, 2014; status post reinjury of the left knee on March 27, 2014 with hyperextension; and left knee infrapatellar tendinitis. The provider requested authorization for retrospective Voltaren Gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Voltaren gel 1% #200 with a dos of 10/22/2014: Upheld

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 Topical Analgesics, Nonselective NSAIDS Page(s): 111; 107.

Decision rationale: Voltaren Gel (Diclofenac) is a nonsteroidal anti-inflammatory drug (NSAID). According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Diclofenac is used for osteoarthritis pain of wrist, ankle and elbow and there is no strong evidence for its use for knee pain. Therefore request for Voltaren Gel 1% is not medically necessary