

Case Number:	CM14-0193739		
Date Assigned:	12/01/2014	Date of Injury:	08/16/2009
Decision Date:	04/23/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/19/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58 year old female, who sustained an industrial injury on 08/16/2009. Initial complaints and diagnoses were not provided. Treatment to date has included conservative care, medications and durable medical equipment (brace, walker and scooter). Currently, the injured worker complains of increased knee pain and difficulty walking. Current diagnoses include bilateral knee derangement and osteoarthritis, and chronic pain. The current treatment plan includes medications (including Norco and Voltaren gel) and pain management consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1% Day Supply: 30 Qty: 100 Refills: 01: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: The patient was injured on 08/16/2009 and presents with bilateral knee pain. The request is for VOLTAREN GEL 1% day supply 30 quantity 100 refills 1, to decrease stomach side effects. The utilization review denial rationale is that "the medical records provided for review did not document a failure of oral medication or intolerance to oral medication which would support the use this topical analgesic." There is no RFA provided and the patient is currently retired. MTUS Chronic Pain Medical Treatment Guidelines pages 111 states the following regarding topical analgesics: "Largely experimental and used with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents." Regarding topical NSAIDs, page 111-113 states, "indications: Osteoarthritis and tendonitis, in particular that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. "The patient has cracking, crepitation, difficulty ambulating, cannot squat/kneel, limps, and relies on a walker. She is diagnosed with bilateral knee arthritis. The 08/28/2014 report states that the patient needs Voltaren gel "which is beneficial to the patient to decrease the stomach side effects." MTUS page 60 requires recording of pain and function when medications are used for chronic pain. In this case, the patient uses Voltaren gel to decrease stomach side effects and it is beneficial for the patient. Therefore, the requested Voltaren gel IS medically necessary.