

Case Number:	CM14-0194184		
Date Assigned:	12/01/2014	Date of Injury:	11/21/2013
Decision Date:	01/20/2015	UR Denial Date:	11/11/2014
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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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:

This 52 year old male injured his knees and right hip in a work related incident. The date of injury was November 21, 2013. The most current diagnoses in the medical record include bilateral knee medial compartment degenerative arthritis and right hip strain. The patient completed PT, home exercise program, knee brace utilization and steroid joint injections. On July 14, 2014, he underwent a bilateral knee arthroscopy with partial medial menisectomy. In notes dated November 13, 2014, he continued to complain of ongoing aching and stiffness in the knees and ongoing right hip pain. Physical examination of the knees revealed varus alignment bilaterally and tenderness along the medial joint lines. Range of motion was 0 to 115 degrees bilaterally. Examination of the right hip revealed 20 degrees of internal and 20 degrees of external rotation with pain at the extremes. Dr. [REDACTED] noted that the patient could not take oral anti-inflammatory medications due to liver intolerance. He was currently using Voltaren gel. The topical Voltaren gel was noted to provide significant pain relief and functional restoration. A request was made for Voltaren gel quantity one. On November 11, 2014, utilization review denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% gel (10/09/14): 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 Page(s): 67-73, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The California MTUS and the Official Disability Guidelines (ODG) guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The records indicate that the patient had completed PT, HEP, steroid injections and knee surgeries. There is documentation of significant pain relief, functional improvement without adverse effects. The patient was noted to be intolerant to orally administered oral NSAIDs. The criteria for the use of Voltaren gel 1% (DOS 10/9/2014) was met.