

Case Number:	CM14-0194681		
Date Assigned:	12/02/2014	Date of Injury:	01/08/2014
Decision Date:	01/15/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/20/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 38-year-old female with date of injury of 01/08/2014. The list of diagnoses from 10/29/2014 are left knee pain associated with probable internal derangement that includes possible subtle medial and lateral meniscus tears; apparent compensatory right knee pain, rule out internal derangement; pain in the joint of the lower leg; and unspecified internal derangement of the knee. According to this report, the patient underwent a left knee MRI on May 20, 2014. She completed 12 physical therapy sessions with some benefits. The patient complains of constant left knee burning pain at the medial, anterior and lateral aspect of her knees with associated clicking, popping, and occasional locking. She also reports right knee pain that is moderate and burning along the lateral aspect and inferior border of the patella with some weakness. The provider notes, "Voltaren has been very effective in controlling her swelling, and it does not upset her stomach like Motrin does." The examination shows a wide-based mild to moderate left antalgic limp. The patella has a 1+ lateral deviation with extension of the knee. There is minimal crepitus with range of motion. Minimal tenderness in the patellar tendon. The documents include an MRI of the left knee from 06/26/2014, QME report from 10/01/2014, and progress reports from 06/24/2014 to 10/29/2014. The Utilization review denied the request on 11/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 75mg # 60 1 tab by oral route twice a day: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medication, Medications for Chronic Pain Page(s): 22, 60.

Decision rationale: This patient presents with left knee pain. The provider is requesting Voltaren 75 MG quantity 60 tab by oral route twice a day. The MTUS Chronic Pain Medical Treatment Guidelines page 22 on anti-inflammatory medication states that anti-inflammatories are the traditional first-line treatment to reduce pain so activity and functional restoration can resume, but long term use may not be warranted. MTUS Chronic Pain Medical Treatment Guidelines page 60 on medications for chronic pain states that pain assessment and functional changes must also be noted when medications are used for chronic pain. The records show that the patient was prescribed Voltaren on 06/24/2014. The 09/16/2014 report notes that the patient continues to complain of left and right knee symptoms. The provider states, "Voltaren has been effective in controlling her swelling, it does not upset her stomach like Motrin does." The examination from this report is the same as the 10/29/2014 report. In this case, the provider has noted medication efficacy as it relates to the use of Voltaren. The request is medically necessary.