

Case Number:	CM14-0198733		
Date Assigned:	12/09/2014	Date of Injury:	02/23/2013
Decision Date:	01/21/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/25/2014

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 Internal Medicine 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 injured worker (IW) is a 47-year-old woman with a date of injury of February 23, 2013. The mechanism of injury occurred as a result of walking out of a freezer and struck her left knee against a six-wheeled metal cart. She sustained injuries to her elbows and left knee. The current diagnoses are knee arthralgia; cubital tunnel syndrome; elbow medial epicondylitis; knee chondromalacia patella; knee contusion; and sprain of knee and leg. The IW has undergone physical therapy (PT), one cortisone injection, and has been off work for approximately 7 months. She is currently working full duty. She continues to follow-up at the industrial clinic to get Lidoderm patches and Naproxen 500mg. Pursuant to the progress noted dated October 24, 2014, the IW complains of bilateral elbow pain, and left knee pain. Examination of the bilateral elbows revealed medial epicondyle tenderness, and normal range of motion. Left knee examination was positive for swelling and effusion. All special ortho tests were negative. Motor and sensory exams were normal. The treating physical is recommending home exercise program, ice/heat to affected areas as needed, knee brace, additional PT, and Voltaren gel and Flector patches were prescribed. The current request is for Voltaren gel 1% 200 grams, and Flector patches #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% 2gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical Analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Voltaren gel 1% 2gm to affected area four times daily is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants anticonvulsants have failed. Voltaren gel is indicated for relief of osteoarthritis pain in a joint that lends itself to topical application (ankle, elbow, foot, hand, knee and wrist). In this case, the injured worker's diagnoses are bilateral elbow medial epicondylitis; bilateral upper extremity strain/sprain; and left the spraying with possible internal derangement. Voltaren gel is indicated for relief of osteoarthritis pain. There is no documentation of osteoarthritis in the medical record. Additionally, there is no documentation of failure of first-line treatment. Consequently, absent the appropriate clinical indications, the request for Voltaren gel 1% 2gm is not medically necessary.

Flector patches #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Section, Topical Analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flector patches #30 are not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants anticonvulsants have failed. Flector patches contain the same active ingredient as Voltaren gel (Diclofenac-nonsteroidal anti-inflammatory drug- Supra). The Flector patch is indicated for acute strains, sprains and contusions. There is no documentation in the medical record of acute strains, sprains or contusions for the patch to be applied. Consequently, absent the appropriate clinical indication and or clinical rationale for the patch, the request for Flector patches #30 is not medically necessary.