

Case Number:	CM14-0207804		
Date Assigned:	12/19/2014	Date of Injury:	07/19/2011
Decision Date:	02/17/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/11/2014

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 Arizona. 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 is a 31 year old man with a work-related injury dated 7/19/11 resulting in chronic knee pain. An office visit with the primary provider dated 11/25/14 is reviewed. The patient is status post knee arthroscopy. He complains of low back and right knee pain 5/10. The exam shows a slight decrease in range of motion of the knee and spine. The diagnosis is knee pain, status post surgery, myofascial pain and meniscus tear (knee). The plan of care is Fenoprofen orally for pain and topical NSAID gel, Voltaren 1%. Previous documentation supports that the patient has radicular pain in the low back and leg. Under consideration is the medical necessity for Voltaren gel 1% which was denied during utilization review dated 12/4/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1 percent twice a day #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 111-113.

Decision rationale: Topical NSAIDS-the efficacy of topical NSAIDS in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration.

Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Indications include osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. It is not recommended for use with neuropathic pain as there is no evidence to support use. In this case the patient does not have a diagnosis of osteoarthritis and Voltaren is not recommended for neuropathic pain. The continued use of Voltaren Gel 1% is not medically necessary.