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| Case Number: | CM15-0005379 | | |
| Date Assigned: | 01/16/2015 | Date of Injury: | 09/12/2012 |
| Decision Date: | 03/16/2015 | UR Denial Date: | 12/17/2014 |
| Priority: | Standard | Application Received: | 01/09/2015 |

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 40 year old female who was injured on 9/12/2012. The diagnoses are bilateral knee pain. The past surgery history is significant for knee arthroscopy, meniscectomy and chondroplasty in 2013. The patient completed PT. On 12/5/2014, [REDACTED] noted subjective complaint of pain score of 4/10 with medications and 7/10 without medications. There were objective findings of decreased range of motion of the right knee, mild effusion and negative McMurray's test. The medications listed are Norco, Duexis, Voltaren 1% gel and Pennsaid 2%. A Utilization Review determination was rendered on 12/17/2014 recommending non certification for Voltaren gel 1% BID PRN #3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% apply topically to affected area BID PRN (3): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67-73. Decision based on Non-MTUS Citation Pain Chapter NSAIDs

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbations of musculoskeletal pain. The chronic use of NSAIDs can be associated with cardiac, renal and gastrointestinal complications. The risks of complications is further increased when multiple NSAIDs are being utilized concurrently. The records indicate that the patient is utilizing 3 NSAIDs medications in both oral and topical formulations. The criteria for the use of Voltaren 1% gel apply topically to affected areas BID PRN #3 was not met.