

Case Number:	CM15-0009731		
Date Assigned:	01/27/2015	Date of Injury:	08/14/2012
Decision Date:	03/26/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/16/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57-year-old male who reported an injury on 02/28/2013. The mechanism of injury was not provided. The injured worker underwent right knee surgery in 2003, left knee arthroscopy in 2013, and left knee replacement in 03/2014. The documentation of 12/10/2014, revealed the injured worker was working on a crane and was removing a 370 pound part at the time of injury. The injured worker tried to grab the part and pull it, when he felt something burning in his back, and the injured worker was noted to have pain. The documentation of 12/03/2014, noted the injured worker had prior medications including naproxen, Voltaren gel, and tramadol. The current medications included lisinopril, Levitra, and Remeron. The physical examination revealed medial joint line tenderness and tenderness upon palpation of the left knee. The injured worker had left knee range of motion that was restricted by pain in all directions. The left knee was clicking. The injured worker had crepitus of the left knee. His diagnoses included status post left knee replacement, left knee meniscal tear, left knee internal derangement, left knee pain, left knee sprain and strain, hypertension and diabetes mellitus that was diet controlled. The treatment plan included Voltaren gel 100gram tubes, apply 4 times a day, #5 with 2 refills. The documentation indicated it was medically necessary to treat the injured worker's inflammatory knee pain and to increase his relief while taking naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel #5 100g tubes, 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter: Voltaren Gel (diclofenac)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren gel Page(s): 112.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that Voltaren gel is indicated and FDA approved for the relief of osteoarthritis pain in the joints that lend themselves to topical treatment, including the knee. The clinical documentation submitted for review indicated the injured worker had previously utilized the medication. However, there was a lack of documentation of an objective decrease in pain relief and objective functional improvement with the use of the medication. Additionally, there was a lack of documentation indicating a necessity for 5 tubes plus 2 refills. The request as submitted failed to indicate the frequency and the body part to be treated. Given the above, the request for Voltaren gel 100 gm tubes, #5 with 2 refills, is not medically necessary.