

Case Number:	CM15-0102134		
Date Assigned:	06/04/2015	Date of Injury:	04/06/2011
Decision Date:	07/07/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	05/27/2015

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: Emergency Medicine

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 64-year-old female, who sustained an industrial injury on 04/06/2011. She has reported subsequent right knee pain and was diagnosed with pain in joint of lower leg. Treatment to date has included oral and topical pain medication, application of ice, Cortisone injection, rest and elevation. In a progress note dated 05/12/2015, the injured worker complained of right knee pain. Objective findings were notable for effusion of the right knee, joint line tenderness and medial collateral ligament laxity. The physician noted that an updated MRI of the right knee would be requested to see if there was any interval change or the need for a surgical referral. A request for authorization of an MRI of the right knee, topical Lidoderm and Voltaren gel was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), knee chapter, MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: As per ACOEM guidelines, imaging studies of knee is not warranted for non-traumatic chronic knee pains unless there are "Red-flag" findings, a proper period of conservative care and observation is completed due to risk for false positive. Patient does not meet criteria knee MRI. Symptoms are gradual onset and a recurrence of prior injury. There is no recent basic imaging and there has not been any attempt at conservative care. MRI of knee is not medically necessary.

Topical Lidoderm 5% (700 mg/patch) QTY: 30 refill 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 110-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm(lidocaine patch) Page(s): 56-57.

Decision rationale: As per MTUS chronic pain guidelines, lidoderm/Lidocaine patch is only approved for peripheral neuropathic pain, specifically post-herpetic neuralgia. There is poor evidence to support its use in other neuropathic pain. Patient does not have any neuropathic diagnosis or exam consistent with neuropathy. Patient meets no criteria for lidoderm. This request is not medically necessary.

Voltaren 1% gel QTY: 1 refill 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain chapter, Diclofenac topical, NSAIDs.

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

Decision rationale: As per MTUS Chronic Pain Guidelines, topical analgesics such as Voltaren/Diclofenac gel have poor evidence to support its use but may have some benefit. Diclofenac has evidence for its use in joints that lend itself for treatment such as knees, elbows, ankles etc but has no evidence to support its use for the shoulder, spine or hip. Recommendation is for short course of treatment only. Patient has been on this medication chronically. Chronic use of this medication is not recommended. Voltaren gel is not medically necessary.