

Case Number:	CM15-0133787		
Date Assigned:	07/22/2015	Date of Injury:	09/12/2012
Decision Date:	08/18/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/10/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 41 year old female who sustained an industrial fall injury on 09/12/2012 to her right knee. The injured worker was diagnosed with right knee pain. The injured worker is status post right knee arthroscopy with partial lateral meniscectomy, chondroplasty of the lateral tibial plateau and patella and synovectomy in June 2013. Treatment to date has included diagnostic testing, surgery, cortisone intraarticular injections (March 2015), physical therapy and medications. According to the primary treating physician's progress report on May 4, 2015, the injured worker continues to experience right knee pain. The injured worker rates her pain level at 4/10 with medications and 7/10 without medications. Evaluation noted a right-sided, wide-based and slow antalgic gait without the use of assistive devices. Examination of the right knee demonstrated restricted range of motion with flexion at 90 degrees and normal extension. There was tenderness to palpation over the lateral, medial joint lines and patella. A mild effusion was noted in the right knee joint. The knee was stable to varus and valgus stress at 30 degrees in extension. Anterior and posterior drawer, pivot shift and reverse pivot shift, Lachman's, McMurray's and patellar grind tests were negative. Muscle strength, tone, sensation and deep tendon reflexes were within normal limits. The injured worker returned to part time work and modified restrictions. Current medications are listed as Norco 5/325mg, Tylenol 325mg, Voltaren gel and Duexis. Treatment plan consists of continuing with medication regimen, continue with part time work and restrictions and the current request for Duexis and Voltaren gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800-26.6mg tab, take 1 twice daily as needed, QTY: 60 with 2 refills: 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), Pain Chapter, Duexis.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS/PPI Page(s): 67-68.

Decision rationale: Duexis contains NSAID and an H2 blocker for gastric protection. According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on Duexis along with Norco and Tylenol as well as topical Voltaren for over 6 months. There was no indication of GI events or risk factors for the use of an H2 blocker. The chronic use of NSAIDS can lead to GI events. The pain reduction attributed to Duexis cannot be determined. Continued and chronic use is not justified and not medically necessary.

Voltaren 1% Gel, Apply to effected area twice a day as needed, QTY: 3 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgsics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Voltaren gel is a topical analgesic. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant had been on the gel for several months and additional 2 months refill is not indicated. Topical NSAIDS can reach systemus levels similar to oral NSAIDS which the claimant had been on. There are diminishing effects after 2 weeks. The Voltaren gel is not medically necessary.