

Case Number:	CM15-0181552		
Date Assigned:	09/22/2015	Date of Injury:	12/04/2013
Decision Date:	11/03/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/15/2015

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, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic foot and knee pain reportedly associated with an industrial injury of December 4, 2013. In a Utilization Review report dated August 19, 2015, the claims administrator failed to approve a request for Voltaren gel. An August 3, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On an RFA form dated August 12, 2015, Pamelor, Voltaren gel, knee brace, and an orthopedic knee surgery consultation were endorsed. In an associated progress note signed on August 3, 2015, the applicant reported ongoing complaints of right knee pain, 5/10. Burning pain and paresthesias about the knee were reported. The applicant reported difficulty sleeping secondary to pain. The applicant exhibited dysesthesias about the right knee on exam with a visibly antalgic gait. Pamelor and Voltaren gel were endorsed. The applicant was given diagnoses of knee pain, knee joint subluxation, and mechanical knee pain. Work restrictions were endorsed. It was not clearly stated whether the applicant was or was not working with said limitations in place. Standing and walking remained problematic, the treating provider reported. No seeming discussion of medication efficacy transpired. It was not clear whether the request for Voltaren gel was a first-time request or a renewal request. The applicant's medication list was not seemingly detailed on June 19, 2015. The applicant was working full-time on that date, it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Topical Analgesics.

Decision rationale: No, the request for Voltaren gel, a topical NSAID, was not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical Voltaren gel is indicated in the treatment of arthritis in small joints which lend themselves toward topical application, such as the knee, i.e., the body part at issue here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of “efficacy of medication” into his choice of recommendations. Here, however, the August 12, 2015 office visit at issue did not clearly state whether the request for Voltaren gel represented a first-time request or a renewal request. It was not clearly stated whether the applicant was or was not working on that date. A historical progress note of June 19, 2015 did not discuss the applicant's medication list, medication selection, or medication efficacy. Therefore, the request was not medically necessary.