

Case Number:	CM15-0187258		
Date Assigned:	09/29/2015	Date of Injury:	11/03/2010
Decision Date:	11/10/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/23/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 injured worker is a 42 year old female, who sustained an industrial injury on November 3, 2010. She reported severe right knee pain. The injured worker was diagnosed as status post medial and lateral meniscectomy, status post partial meniscectomy medial and lateral and residual knee pain with contraction relating to chondromalacia. Treatment to date has included diagnostic studies, surgery, heat, ice, rest, exercise, physical therapy and medication. On June 3, 2015, the injured worker complained of right knee pain rated 6-7 on a 1-10 pain scale. She reported taking Norco medication twice per day. The treatment plan included Voltaren gel, Mobic, Norco and a follow-up visit. On August 28, 2015, the injured worker complained of right knee pain rated as a 9 on a 1-10 pain scale without medications and as a 7 on the pain scale with medications. Notes stated that she finished her physical therapy and it "did not help her very much." The physical therapist recommended that she continues the treatment for ambulation. The injured worker reported that the benefit of chronic pain medication maintenance regimen, activity restriction and rest continue to keep pain within a manageable level to allow her to complete necessary activities of daily living. The treatment plan included heat, ice, exercise, rest, cane for ambulation, follow-up visit and continuation of chronic pain medication program. On September 10, 2015, utilization review denied a request for Voltaren gel 1% #2 tubes. A request for Norco 10-325mg #60 was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% #2 tubs: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2007) Chapter 6, p131-132.

Decision rationale: The claimant sustained a work injury in November 2010 and is being treated for right knee pain. Her injury occurred when she slipped and fell on a narrow stairwell striking the front of her right knee. She has a history of knee surgery in May 2012 and December 2013. When seen, for an initial evaluation her past medical history was noncontributory. There were no medication allergies. Her body mass index was over 37. There was significantly decreased right knee range of motion with positive valgus stress testing. There was crepitus. She had diffuse knee tenderness. There was significant guarding. Norco, Mobic, and Voltaren gel was prescribed. In August 2015 she had completed physical therapy which had not been of much help. Medications were decreasing pain from 9/10 to 7/10. There was diffuse right knee tenderness and decreased and painful range of motion. Norco and Voltaren gel were refilled. Mobic was no longer being prescribed. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, Mobic, an oral NSAID had been prescribed previously and there appears to be no contraindication to a non-selective oral NSAID. Voltaren gel cannot be accepted as being medically necessary.