

Case Number:	CM15-0192416		
Date Assigned:	10/06/2015	Date of Injury:	03/05/2013
Decision Date:	11/19/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	09/30/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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:

This is a 33 year old male who sustained a work-related injury on March 5, 2013. Medical record documentation on 7-6-15 revealed the injured worker was being treated for left knee arthropathy-meniscal tear-articular cartilage defect, lumbosacral strain, thoracic strain and left shoulder strain. He reported left knee pain rated a 7 on a 10-point scale with a clicking sensation when turning fast. He had flaring of left side low back pain, hip pain and knee pain when standing for greater than 30 minutes. He reported left groin pain and left trapezius myofascial pain. He declined oral pain medication due to gastrointestinal side effects. He was using ibuprofen as needed and his left knee pain persisted. Medication regimen included Flector patch 1.3% Voltaren gel 1% (since at least 4-16-15). Objective findings included a lumbar spine range of motion with flexion to 75% of normal and extension to 50% of normal. His bilateral rotation and lateral bending was impaired with guarding. His left knee range of motion was 0-120 degrees and he had slight knee swelling. A request for Voltaren gel 1% 200 g with three refills was received on 9-17-15. On 9-24-15, the Utilization Review physician determined Voltaren Gel 1% 200 gram with three refills was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1% 200g with three refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: With regard to topical NSAIDs, MTUS states, "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks)." There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Voltaren Gel 1% specifically is "Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist)." Voltaren gel may be indicated for the injured worker's knee pain; however, as it is only recommended for short-term use, 4-month supply is not appropriate. The request is not medically necessary.