MAXIMUS Federal Services

Case Number:	CM15-0193851		
Date Assigned:	10/07/2015	Date of Injury:	11/27/2009
Decision Date:	11/24/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/01/2015

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: Pennsylvania, Ohio, California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54 year old male with an industrial injury date of 11-27-2009. Medical record review indicates he is being treated for internal derangement of the right knee. Subjective complaints (09-14-2015) included ongoing right knee pain. The treating physician indicates the injured worker has persistent pain and has times where his knee collapses. The treating physician documented (09-14-2015) the injured worker was using Voltaren gel topically at work and Norco at bedtime. "Again, he is taking these for several years and takes it to be functional and it reduces his pain by 30% and helps him to continue working." Work status (09-14-2015) is documented as "full time in pain." His medications included Voltaren gel and Norco. The length of time the injured worker has been taking Norco and using Voltaren gel is documented by the treating physician as "for several years" (see above). Prior treatment included cortisone steroid injection of right knee, brace and hot and cold wrap and medications. Medical record review does not indicate any prior medications other than Voltaren gel and Norco. Objective findings (09-14-2015) included tenderness along the right knee medial greater than lateral joint line. Mild swelling was present. There was tenderness along the medial greater than lateral joint line. On 09-25-2015 the request for Voltaren gel 1 percent 100 g 3 tubes was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1 percent 100g 3 tubes: Upheld

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

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

Decision rationale: MTUS recommends the use of compounded topical analgesics only if there is documentation of the specific proposed analgesic effect and how it will be useful for the specific therapeutic goal required. The records in this case do not provide such a rationale for this topical medication or its ingredients. Moreover, the records discuss benefit from topical Voltaren in general, non-verifiable terms, yet the patient also continues to utilize opioid medication, suggesting a lack of clear overall benefit from this medication. Additionally, MTUS generally recommends topical NSAIDs for short-term use such as 2-3 weeks; chronic use as in this case is not supported by the guidelines or records. For these multiple reasons, this request is not medically necessary.