

Case Number:	CM15-0203777		
Date Assigned:	10/20/2015	Date of Injury:	05/01/2015
Decision Date:	12/03/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/16/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 injured worker is a 48 year old female, who sustained an industrial injury on 5-01-2015. The injured worker was treated for left knee dislocation with tear of the ACL, PCL, and MCL. Treatment to date has included diagnostics, physical therapy, left knee surgery 7-23-2015, and medications. Currently (9-25-2015), the injured worker complains of left knee pain and instability, some improvement after multi-ligamentous knee reconstruction, currently rated 5 out of 10. Current medications included Cyclobenzaprine, Omeprazole, and Norco. No known allergies were documented and a review of symptoms was negative for gastrointestinal complaints. Physical exam noted well healing incisions and full extension. She was prescribed Norco and Voltaren gel. Work status was total temporary disability. On 10-06-2015, Utilization Review non-certified a request for Voltaren 1% apply by topical 4 times daily #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% apply by topical 4 times daily to affected areas quantity of 120: 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: Voltaren 1% apply by topical 4 times daily to affected areas quantity of 120 refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that topical NSAIDs are indicated in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment and are for short-term use (4-12 weeks). The MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. The MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The documentation does not indicate that the patient is intolerant to oral medications or has failed anticonvulsants or antidepressants. The documentation does not reveal extenuating circumstances that would necessitate this topical medication therefore this request is not medically necessary.