

Case Number:	CM15-0023725		
Date Assigned:	02/13/2015	Date of Injury:	07/16/2010
Decision Date:	04/06/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/09/2015

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, Washington

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 71-year-old female who reported injury on 07/16/2010. The mechanism of injury was due to a fall. Her diagnoses include left knee pain, left medial meniscus tear, left ACL tear, and chronic pain syndrome. Her past treatments were noted to include medications and injection. On 01/23/2015, the injured worker complained of constant left knee with associated stabbing, aching and numbness rated 10/10 without medications and 7/10 with medications. The examination revealed that the sample Voltaren gel had helped the injured worker's knee pain. Her relevant medications were noted to include Percocet 10/325 mg and Voltaren gel. The treatment plan included Voltaren gel 1% 500 g #1 bottle. Rationale was not provided. A Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1 Percent 500g #1 Bottle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112, Postsurgical Treatment Guidelines.

Decision rationale: The request for Voltaren gel 1 percent 500g #1 bottle is not medically necessary. According to the California MTUS Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Voltaren gel has been indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. The injured worker was noted to have some knee pain relief from prior Voltaren use. However, there was lack of documentation to indicate the injured worker had failed a trial of antidepressants and anticonvulsants. Furthermore, there was lack of documentation to indicate the injured worker had osteoarthritis pain in the joints. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.