

Case Number:	CM15-0214329		
Date Assigned:	11/04/2015	Date of Injury:	06/15/2012
Decision Date:	12/18/2015	UR Denial Date:	10/03/2015
Priority:	Standard	Application Received:	10/30/2015

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

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 55 year old female, who sustained an industrial injury on 6-15-12. The injured worker was being treated for right knee internal derangement; rule out left knee internal derangement, left knee internal derangement, headaches and insomnia. On 8-24-15 she complained of moderate pain in bilateral knees increasing to moderate to severe with prolonged standing, walking, climbing, squatting and kneeling and on 9-17-15, the injured worker complains of constant, achy burning and throbbing pain in right knee rated 7 out of 10, constant pain in left knee, headaches and loss of sleep due to pain. Work status is noted to be permanent and stationary. Objective findings on 8-24-15 noted bilateral knee crepitus, medial joint line tenderness, lateral joint line tenderness, patellofemoral facet tenderness, quads atrophy, positive McMurray tests and normal muscle strength and on 9-17-15 noted slightly restricted range of motion of bilateral knees. Treatment to date has included oral medications including Diclofenac XR and Omeprazole; and activity modifications. A request for authorization was submitted on 9-17-15 for Voltaren patches #30. On 10-3-15 utilization review non-certified a request for Voltaren patches #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren patch #30 for the bilateral knees: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: Based on the 9/17/15 progress report provided by the treating physician, this patient presents with constant, achy, burning, and throbbing right knee pain rated 7/10, constant left knee pain, and headaches. The treater has asked for Voltaren patch #30 for the bilateral knees on 9/17/15. The patient's diagnosis per request for authorization dated 9/17/15 is "other knee internal derangement old disrupt of ligaments." The patient complains of loss of sleep due to pain, and states that left knee pain is associated with headaches per 9/17/15 report. The patient is s/p authorization for bilateral knee arthroscopies with a partial meniscectomy in November 2014, but the patient elected not to undergo surgery at that time per 6/12/15 report. The patient is s/p 26 total physical therapy sessions for the knees (the first 18 sessions "did not help much" and the last 8 sessions were of no benefit) per 6/12/15 report. The patient has reached maximum medical improvement and is on work restrictions as of 6/12/15 report. MTUS Guidelines, Topical Analgesics section, pg 111-113, under Non-steroidal anti-inflammatory agents (NSAIDs) states: "The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration." The guideline states short-term use is 4-12 weeks. These are not recommended for neuropathic pain and "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." MTUS Guidelines, Medications for Chronic Pain section, pg. 60, 61 states: "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded (Mens, 2005)." The treater does not discuss this request in the reports provided. This appears to be an initiating request, as the patient has not had prior use of Voltaren patches although she has been taking oral NSAIDs along with a PPI since 2014 per review of reports. In regard to the Voltaren patches for this patient's bilateral knee pain, MTUS guidelines indicate that topical NSAID medications are considered appropriate for peripheral joint complaints. Regarding medications for chronic pain, MTUS pg. 60 states treater must determine the aim of use, potential benefits, adverse effects, and patient's preference. Only one medication should be given at a time, a trial should be given for each individual medication, and a record of pain and function should be recorded. The requested trial of Voltaren patches appears reasonable and within guideline recommendations. Hence, the request is medically necessary.