

Case Number:	CM15-0042623		
Date Assigned:	03/12/2015	Date of Injury:	08/29/2014
Decision Date:	05/01/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/06/2015

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, Pain Management, Occupational 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 43 year old male who sustained an industrial injury on August 29, 2014. He complained of popping in the left knee. A left knee magnetic resonance imaging (MRI) was performed on October 5, 2014. The injured worker was diagnosed with left knee pain. The injured worker was initially treated with conservative measures including physical therapy, elastic supporting brace and medications. The injured worker underwent a left knee diagnostic arthroscopy on January 23, 2015. According to the physician's progress report on December 8, 2014 the injured worker continues to experience posterolateral pop and pain with left knee extension and tends to have a stiff legged gait with a protected knee brace in place. Examination of the left knee revealed no click or pop and guarded motion with flexion 0-90 degrees. Current medications are listed as Celecoxib and topical analgesics. The request for authorization is for topical analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% topical ointment #50g Refills: 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

Decision rationale: MTUS 2009 states that topical lidoderm is an option to treat neuropathic pain. This patient is not diagnosed with neuropathic pain. Therefore, this request does not adhere to MTUS 2009 and is not medically necessary.

Diclofenac 1 % Topical ointment #50g Refills 1: 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), Pain, Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

Decision rationale: MTUS 2009 states that 1% Voltaren gel is an option to treat knee pain but is recommended for short term use. There is no evidence that prescription topical analgesics have superior or equivalent efficacy to readily available over the counter ones. However, the guidelines do not specify that a trial of over the counter topical agents should occur prior to using the prescription agent. Therefore, this request for Voltaren 1% gel is approved.