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| Case Number: | CM15-0051630 | | |
| Date Assigned: | 04/08/2015 | Date of Injury: | 03/14/2013 |
| Decision Date: | 05/07/2015 | UR Denial Date: | 03/13/2015 |
| Priority: | Standard | Application Received: | 03/18/2015 |

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 61-year-old female, with a reported date of injury of 03/14/2013. The diagnoses include bilateral knee pain. Treatments to date have included an MRI of the right knee, topical medication, and physical therapy. The progress reports dated 02/05/2015 and 03/05/2015 indicates that the injured worker had right knee pain that was rated 9 out of 10. The pain was intermittent with weight-bearing activities. The objective findings include extensive medial meniscus tear, possible tearing of the lateral meniscus, severe medial compartment degenerative arthrosis, mild to moderate internal compartment degenerative arthrosis, and suspected previous intermediate partial tear of the anterior cruciate ligament according to the MRI of the right knee. The treating physician requested Voltaren gel 1% for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1 Percent for The Right Knee: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: The patient presents with pain in the right shoulder, rated 4/10, and right knee pain, rated 9/10. The request is for VOLTAREN GEL 1 PERCENT FOR THE RIGHT KNEE. Patient is status post right shoulder arthroscopy 02/10/14. Patient's treatments have included medications, home exercise program, heat pad, physical therapy and acupuncture with some benefits. Per 03/05/15 progress report, patient's diagnosis include post-op right shoulder arthroscopy (02/10/14), right shoulder rotator cuff tear, bilateral knee pain; likely bilateral knee arthroscopy. Patient's medication, per 02/05/15 progress report includes Hydrocodone APAP. Per 03/05/15 progress report, patient is temporarily totally disabled until 04/16/15. The MTUS has the following regarding topical creams (p 111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." The treater does not discuss this request. The patient presents with right shoulder and right knee pain. In this case, it appears that the treater is initiating a trial of Voltaren Gel for the patient's pain. The patient does present with knee pain, a peripheral joint for which a trial of this topical is reasonable. For continued use, documentation of pain and functional improvements is required. Topical NSAIDs are also recommended for a short-term pain relief. The request IS medically necessary.