

Case Number:	CM15-0083595		
Date Assigned:	05/05/2015	Date of Injury:	09/01/2007
Decision Date:	06/04/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/01/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, 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 59 year old who sustained an industrial injury on September 6, 2007. She has reported right knee pain and has been diagnosed with old bucket handle tear of medial meniscus, chondromalacia of patella, osteoarthritis, unspecified whether generalized or localized, lower leg and tear of lateral cartilage or meniscus of knee current. Treatment has included medical imaging and medications. Currently the injured worker had crepitus with active range of motion. There was tenderness to palpation of the MCL. X-rays of the right knee showed minimal med comp narrowing and mild notch and lateral spurring. The treatment request included Voltaren XR 100 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren XR 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68, 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: Voltaren XR 100mg is not medically necessary. Per MTUS guidelines page 67, NSAIDS are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain so to prevent or lower the risk of complications associate with cardiovascular disease and gastrointestinal distress. The medical records do no document the length of time the claimant has been on anti-inflammatory medication. Additionally, the claimant had previous use of NSAIDs. The medication is therefore not medically necessary.