MAXIMUS Federal Services

Case Number:	CM14-0130828		
Date Assigned:	09/08/2014	Date of Injury:	04/03/1998
Decision Date:	10/16/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/15/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 66-year-old female who has submitted a claim for left knee pain following arthroscopy, right knee pain following arthroscopy, and lumbar pain with multilevel disc bulges associated with an industrial injury date of 04/03/1998.Medical records from 01/15/2014 to 06/18/2014 were reviewed and showed that patient complained of low back and bilateral knee pain graded 7-8/10. There was no documentation of intolerance to oral medications. Physical examination of the lumbar spine revealed tenderness over paraspinal muscles, spasm on the left lumbar spine, and hypesthesia at L4 and L5 dermatomes. Physical examination of the left knee revealed tenderness over left knee, decreased ROM, and positive McMurray's test. Complete right knee evaluation was not made available. MRI of the lumbar spine dated 11/19/2013 revealed L2-3, L3-4, L4-5, and L5-S1 degenerative changes and L3-4 and L4-5 disc bulges. Treatment to date has included left knee arthroscopic surgery (10/06/2000), right knee arthroscopic surgery (10/01/2001 and 06/25/2002), physical therapy, TENS, Voltaren gel 100mg (DOS: 07/28/2014), and pain medications. Utilization review dated 07/28/2014 denied the request for Voltaren gel 100mg TID because Voltaren gel was not a first-line drug due to increased risk profile.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 100mg three times a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, 2014, Pain Chapter

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

Decision rationale: According to CA MTUS Chronic Pain Treatment Guidelines, topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks). In this case, patient was prescribed Voltaren 100 gm (DOS: 07/28/2014). However, there was no documentation of intolerance to oral pain medications to support Voltaren use. Furthermore, the request failed to specify the body part to be treated. Topical NSAIDs are recommended for application to the knee and elbow only. Therefore, the request for Voltaren Gel 100mg three times a day is not medically necessary.