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| Case Number: | CM14-0132422 | | |
| Date Assigned: | 10/02/2014 | Date of Injury: | 10/24/2002 |
| Decision Date: | 10/28/2014 | UR Denial Date: | 08/04/2014 |
| Priority: | Standard | Application Received: | 08/22/2014 |

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 Preventive Medicine 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:

According to the records made available for review, this is a 52-year-old male with a 10/24/02 date of injury, and arthroscopic partial left medial meniscectomy and chondroplasty of the medial femoral condyle in 2003 and a debridement of the left knee in 2006. At the time (8/4/14) of Decision for Voltaren gel 1% 200gr, there is documentation of subjective (medial left knee pain) and objective (marked tenderness to palpitation over the medial collateral ligament and some soft tissue swelling) findings, current diagnoses (left knee medial compartment degenerative joint disease), and treatment to date (Celestone injection, Marcaine injections, and medications (including ongoing treatment with Celebrex)). There is no documentation of short-term use (4-12 weeks) and failure of an oral NSAID or contraindications to oral NSAIDs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% 200gr: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-1123 2010 Revision Web Edition. Decision based on Non-MTUS Citation Official Disability Guidelines: Web Edition

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Diclofenac sodium

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks), as criteria necessary to support the medical necessity of Voltaren Gel 1%. In addition, ODG identifies documentation of failure of an oral NSAID or contraindications to oral NSAIDs, as criteria necessary to support the medical necessity of Voltaren Gel. Within the medical information available for review, there is documentation of a diagnosis of left knee medial compartment degenerative joint disease. However, there is no documentation of short-term use (4-12 weeks). In addition, given documentation of ongoing treatment with Celebrex, there is no documentation of failure of an oral NSAID or contraindications to oral NSAIDs. Therefore, based on guidelines and a review of the evidence, the request for Voltaren gel 1% 200gr is not medically necessary.