

Case Number:	CM14-0132549		
Date Assigned:	08/20/2014	Date of Injury:	10/05/2000
Decision Date:	10/21/2014	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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 64 year old female was reportedly injured on 10/5/2000. The most recent progress note, dated 7/16/2014, indicated that there were ongoing complaints of right hip pain and left knee pain. The physical examination was handwritten and stated right hip pending aspiration. The patient ambulated with a walker with a seat. Pain to the right knee was getting worse, and the patient had difficulty with walking. No recent diagnostic studies are available for review. Previous treatment included previous right hip and left knee surgery, medications, and conservative treatment. Request was made for Flector patch 1.3 percent #30 and Voltaren gel 0.3 percent and was non-certified in the preauthorization process on 7/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch 1.3% #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 71, 112.

Decision rationale: Flector patch (Diclofenac) is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. This medication is not recommended for first line use due to its increased cardiovascular event risk profile. The claimant suffers from chronic back pain after a work related injury in 2004 and currently takes Naproxen. Given the claimant's medical history and the medication's increased cardiovascular risk profile, this request is not considered medically necessary.

Voltaren gel .3%: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 71, 112.

Decision rationale: Voltaren gel (Diclofenac) is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. This medication is not recommended for first line use due to its increased cardiovascular event risk profile. The claimant suffers from chronic back pain after a work related injury in 2004 and currently takes Naproxen. Given the claimant's medical history and the medication's increased cardiovascular risk profile, this request is not considered medically necessary.