

Case Number:	CM14-0200894		
Date Assigned:	12/11/2014	Date of Injury:	07/14/2012
Decision Date:	01/28/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/01/2014

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 Occupational 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:

The injured worker is a 57 year old female who reported an occupational injury on 07/14/2014. Diagnosis includes bilateral patella femoral chondromalacia and left hand 3/4th finger strain. The submitted documentation did not include clinical or diagnostic history. Treating physician's examination notes dated 11/04/2014 reveal the injured worker had no change in knee pain and was attempting to walk and excises. Pain was noted in the left 3rd and 4th finger with 90% range of motion. Physician's note indicates Norco provided 60% pain relief when she takes it. The request is for Voltaren Gel 100 grams every 12 hours which a Utilization Review denied on 11/11/2014 because the submitted report did not indicate failure or contraindications to oral NSAIDs. ODG-TWC Pain Guidelines were utilized in the decision making. The records sent for review only cover treatment in Sept and Oct '11. There are no records to review regarding initial treatment which might include a trial of oral NSAIDs or risk with oral NSAIDs. A 40% improvement in knee pain is reported from the topical NSAID.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 100 Grams Every 12 Hours: Overturned

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

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

Decision rationale: MTUS Guidelines address this issue and support the use of topical NSAIDS that are FDA approved for knee osteoarthritis. It is well documented that the topical Voltaren has been beneficial for this individual. The MTUS Guidelines do not state that oral NSAIDS have to be trialed first and inadequate records were sent for review to definitively state that they have not been trialed. Under these circumstances, the topical Voltaren is consistent with Guidelines and Voltaren gel 100gms apply every 12 hours is medically necessary.