

Case Number:	CM14-0212312		
Date Assigned:	01/02/2015	Date of Injury:	07/19/2011
Decision Date:	02/28/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 30-year old male with date of injury 07/19/11. The treating physician report dated 11/25/14 (12) indicates that the patient presents with pain affecting the low back and right knee with a rating of 5/10. The physical examination findings document mildly decreased right knee flexion and lumbar spine extension and rotation. The patient's gait was antalgic. Prior treatment history includes two surgeries to the right knee dated 11/21/11 and 2/25/13. It is also noted that an unspecified and undated arthroscopy was performed. MRI examination of the Right Knee dated 5/2/14 (47) reveal subtle edema central infrapatellar fat-pad. Consider possible Hoffa's disease. No meniscal, ligamentous, or cartilaginous injury. MRI examination of the Lumbar Spine dated 11/6/12 (50) reveals a 3.1 mm central to left paracentral L5-S1 disc protrusion/contained disc herniation, effacing the epidural fat with punctate annular compromise/tearing within it. An EMG/NCV study dated 7/31/14 (37) found lumbar radiculopathy most likely involving the S1 nerve root. The current diagnoses are: Knee pain, Myofascia pain, Meniscus tear, knee, Osteoarthritis. The utilization review report dated 12/4/14 denied the request for Voltaren Gel 1 percent BID #1 based on MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1 percent BID #1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The patient presents with pain affecting the low back and right knee. The current request is for Voltaren Gel 1 percent BID #1. The treating physician report dated 11/25/14 (12) states, objective findings specific to the Right Knee and notes "Script given for Voltaren gel 1% for pain. WC insurance denying lower back injury". MTUS Guidelines are specific, that topical NSIADS are, "Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder." In this case the treating physician has documented the request for Voltaren gel 1% for pain specific to the patient's right knee. It is also noted that the patient suffers from osteoarthritis. The current request is medically necessary as the MTUS guidelines recommend topical NSAID treatment for peripheral joint arthritis. Recommendation is for authorization.