

Case Number:	CM15-0111651		
Date Assigned:	06/18/2015	Date of Injury:	04/28/2006
Decision Date:	07/21/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/09/2015

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, North Carolina
Certification(s)/Specialty: Family Practice

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 female, who sustained an industrial injury on 4/28/2006. Diagnoses include discogenic lumbar condition, cervical sprain, internal derangement of the knee bilaterally status post left knee arthroscopy (2007), right knee arthroscopy (2009) and left medial and lateral meniscectomy (2014), left shoulder impingement syndrome status post decompression followed by repeat surgery where labral tear was done, right shoulder sprain and chronic pain. Treatment to date has included surgical intervention, cortisone injections, Hyalgan injections, bracing, and medications including Naprosyn, Norco, Cymbalta, Protonix and Voltaren gel. Per the Primary Treating Physician's Progress Report dated 4/13/2015, the injured worker reported severe pain in both knees. She reports swelling and increased pain in the cold weather. Physical examination revealed pain in both knees with prolonged standing and walking. She uses a cane for ambulation. She has swelling seen on both knees. She can perform full extension and flexion at 120 degrees bilaterally. She has tenderness along the joint medially laterally with positive anterior drawer test 1+ bilaterally. The plan of care included topical medications and authorization was requested for Voltaren gel 1%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1 Percent, 100 Gram 3 Tubes Qty 3: Upheld

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

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

Decision rationale: CA MTUS states that Voltaren gel is indicated in the treatment of small joint arthritis. There is no diagnosis of small joint arthritis in this patient. She has chronic bilateral knee pain for which Voltaren gel is not indicated. Therefore, the request is deemed not medically necessary.