

Case Number:	CM15-0114331		
Date Assigned:	06/22/2015	Date of Injury:	06/13/2014
Decision Date:	07/22/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/12/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 42 year old male who sustained an industrial injury on 06/13/2014. There was no mechanism of injury documented. The injured worker was diagnosed with left anterior cruciate ligament tear. The injured worker underwent arthroscopy for anterior cruciate ligament reconstruction on December 22, 2014 followed by physical therapy. Treatment to date has included diagnostic testing, surgery, post-operative (12 sessions) and additional physical therapy, ambulatory devices and medications. According to the primary treating physician's progress report on May 7, 2015, the injured worker continues to experience left knee pain and ambulates with a cane. The injured worker rates his pain level at 7/10. Examination of the left knee noted a well healed scar with no effusion present and minimal tenderness. Range of motion was decreased bilaterally at 125 degrees on the right and 100 degrees on the left. McMurray's, Lachman and posterior drawer tests were negative. Sensation and reflexes were intact with diminished motor strength on knee flexion and extension on the left. Current medications are listed as Norco and topical analgesics. Treatment plan consists of continue with physical therapy and the current request for Voltaren Gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel #1 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

Decision rationale: Regarding the request for Voltaren gel, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Within the documentation available for review, none of the above mentioned criteria have been documented. Given all of the above, the requested Voltaren gel is not medically necessary.