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| Case Number: | CM15-0118345 | | |
| Date Assigned: | 06/26/2015 | Date of Injury: | 03/21/2003 |
| Decision Date: | 07/27/2015 | UR Denial Date: | 05/22/2015 |
| Priority: | Standard | Application Received: | 06/18/2015 |

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: Massachusetts

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 64 year old male with an industrial injury dated 03/21/2003. His diagnosis was status post total knee (right) persistent pain secondary - oversize prosthesis. Comorbid diagnosis was hypertension. No other industrial injuries were noted. He presents on 03/19/2015 for follow up of persistent right knee pain. Physical exam noted swollen right knee with tender inferior aspect with flexion 80 degrees. There is a progress note dated 05/19/2015 documenting the injured worker had been using Voltaren gel since it was first prescribed in 06/06/2013 and it had been helping his right knee pain. Treatment plan included Voltaren gel, Celebrex and continue current meds. Treatment request was for Voltaren gel 1% 500 gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% 500gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory agents.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p131-132.

Decision rationale: The claimant sustained a work injury and March 2003 with treatments including a right total knee replacement. When seen, he was having ongoing right knee pain. There was swelling with tenderness and decreased range of motion. Medications being prescribed include Celebrex. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, oral Celebrex is also being prescribed. Prescribing two non-steroidal anti-inflammatory medications would be duplicative and is not considered medically necessary.