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| Case Number: | CM15-0122395 | | |
| Date Assigned: | 07/06/2015 | Date of Injury: | 02/03/2009 |
| Decision Date: | 09/17/2015 | UR Denial Date: | 05/28/2015 |
| Priority: | Standard | Application Received: | 06/24/2015 |

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: New York
 Certification(s)/Specialty: Emergency Medicine

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 41 year old female, who sustained an industrial injury on 2/3/09. The injured worker was diagnosed as having low back pain, hip pain, knee pain and pain in joint of lower leg. Treatment to date has included Orthovisc injection to right knee, 6 acupuncture treatments, oral medications including Dilaudid, Cymbalta, Nucynta, Celebrex, Tylenol with codeine and Ultram and topical diclofenac sodium and Lidoderm; Transcutaneous electrical nerve stimulation (TENS) and a knee brace. Currently on 5/18/15, the injured worker complains of chronic bilateral knee pain, she notes right knee pain has significantly increased over the last 3-4 weeks. She also notes the beginning of bilateral hip pain due to altered gait. She notes an Orthovisc injection in the right knee on 10/20/14 provided great benefit and acupuncture treatments provided a decrease in leg and knee pain and she was able to decrease use of medications with acupuncture. She noted benefit from diclofenac sodium and Gabapentin and Tylenol provided 70% pain relief. She continues to work fulltime. Physical exam performed on 5/18/15 noted restricted lumbar range of motion and on palpation, paravertebral muscle tenderness, hypertonicity, spasms and a tight muscle band on the right. Spinous process tenderness is also noted at L3, 4 and 5; tenderness is also noted over the sacroiliac spine. Physical exam of the right hip revealed restricted range of motion due to pain and tenderness over the SI joint and trochanter; and exam of right knee revealed restricted range of motion due to pain with tenderness to palpation over the lateral joint line, medial joint line and patella. The treatment plan included a request for authorization for diclofenac sodium 1.5% 60gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Containers of diclofenac sodium 1.5% 60grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Nonsteroidal anti-inflammatory agents (NSAID) Page(s): 111-112.

Decision rationale: According to the California MTUS Guidelines, Voltaren Gel 1.5% (Diclofenac) is indicated for the relief of osteoarthritis in joints that lend themselves to topical treatment, such as the ankle, elbow, foot, hand, knee, and wrist. It has not been evaluated for treatment of the spine, hip, or shoulder. MTUS guidelines also note topical NSAIDs are recommended for 4-12 weeks and tend to diminish in efficacy over time. The submitted documentation does not indicate that the injured worker had a diagnosis of osteoarthritis. The injured worker has utilized Voltaren Gel for greater than 6 months and is currently employed full time. Medical necessity for the requested topical gel has been not established. The requested 1.5% Voltaren Gel is not medically necessary.