

Case Number:	CM15-0123039		
Date Assigned:	07/07/2015	Date of Injury:	11/22/2011
Decision Date:	08/10/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/25/2015

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

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 44 year old male, who sustained an industrial injury on 11/22/2011. He reported falling off a ladder, injuring his right knee and back. The injured worker was diagnosed as having severe right knee internal derangement, gastritis, hypertension, and L5-S1 spondylolisthesis with central neural foraminal stenosis. Treatment to date has included diagnostics, knee surgery (2012, 2013), home exercise program, right knee support, viscosupplementation, and medications. Currently, the injured worker complains of constant right knee pain, worse with ambulating, and limiting his function. He was pending authorization for knee replacement surgery. Exam noted an antalgic gait, tenderness over the right knee, medial joint tenderness and deformity, and crepitus to palpation. He was to continue Vicodin, Prilosec, and Voltaren gel. Urine toxicology (5/12/2015) was inconsistent with prescribed medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Cream/Pain Outcomes and Endpoints Page(s): 111, 113, 8.

Decision rationale: Based on the 05/12/15 progress report provided by treating physician, the patient presents with right knee pain. The patient is status post right medial/lateral meniscectomy, April 2012 and right knee meniscectomy 05/07/13. The request is for VOLTAREN GEL 1%. Patient's diagnosis per Request for Authorization form dated 06/04/15 includes other internal derangement of knee. Diagnosis on 05/12/15 included osteochondritis dissecans and right knee osteoarthritis. The patient's gait is antalgic. Physical examination to the right knee on 05/12/15 revealed medial joint tenderness and crepitation. Treatment to date included imaging studies, home exercise program, right knee support, viscosupplementation, and medications. Patient's medications include Vicodin, Prilosec, and Voltaren gel. The patient is temporarily totally disabled, per 04/16/15 QME report. Treatment reports provided from 08/19/13 - 05/21/15. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Voltaren Gel 1% (diclofenac): Indicated for relief of osteoarthritis pain in joints that lends themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder." MTUS, pg 8 under Pain Outcomes and Endpoints states: "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Voltaren has been included in patient's medications, per progress reports dated 01/27/15, 03/24/15 and 05/12/15. It is not known when Voltaren gel was initiated. Per 01/27/15 report, treater states "discontinue oral anti-inflammatories - poorly tolerated." Per 05/12/15 report, treater states "continue Voltaren gel to be applied topically for right knee internal derangement." In this case, the patient does present with right knee peripheral joint arthritis, for which an NSAID topical would be indicated, and treater has documented discontinuation of previously prescribed anti-inflammatory. However, the patient has been using this topical for at least 5 months to UR date of 06/04/15. Guidelines recommend topical NSAIDs for 4 weeks (2 weeks initial plus another 2 weeks) due to diminishing effects. Furthermore, there is no documentation of functional improvement. MTUS guidelines require documentation of efficacy when medications are used for chronic pain. Given lack of documentation, this request IS NOT medically necessary.