MAXIMUS Federal Services

Case Number:	CM15-0123934		
Date Assigned:	07/08/2015	Date of Injury:	08/06/2001
Decision Date:	08/10/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/26/2015

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 47 year old male, who sustained an industrial injury on 8/06/2001. Diagnoses include left knee patellofemoral arthrosis and left wrist posttraumatic arthritis status post reconstruction. Treatment to date has included surgical intervention (left wrist undated) and symptoms are currently manages using topical medications. Per the Primary Treating Physician's Progress Report dated 4/16/2015, the injured worker reported left wrist pain and stiffness as well as left knee pain. Physical examination of the left knee revealed tenderness along the patella facets, and sub patella crepitus with range of motion and with deep flexion. Examination of the left wrist revealed flexion and extension to 45 degrees with intact grip strength. The plan of care included topical medications and authorization was requested 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 5 pack with 2 refills: Upheld

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

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 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 aforementioned criteria have been documented. Given all of the above, the requested Voltaren gel is not medically necessary.