

Case Number:	CM15-0175502		
Date Assigned:	09/16/2015	Date of Injury:	06/18/2009
Decision Date:	10/19/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/07/2015

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: 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 55 year old male, who sustained an industrial injury on June 18, 2009. He reported bilateral knee pain. The injured worker was diagnosed as having chronic right knee pain, degenerative joint disease in the bilateral knees, arthroscopic partial medial meniscectomy in 1992 and partial medial and subtotal lateral meniscectomies on September 1, 2009. Treatment to date has included diagnostic studies, surgical interventions of the knees, medications. Currently, the injured worker continues to report an antalgic gait on the right with tenderness in the right knee joint line. Right knee flexion was noted at 100 degrees. Extension was noted as near normal. The injured worker reported an industrial injury in 2009, resulting in the above noted pain. Evaluation on June 23, 2015, revealed continued pain as noted. Right knee flexion was noted at 100 degrees. Extension was noted as near normal. Medications were continued. The RFA included requests for Voltaren gel and was non-certified on the utilization review (UR) on August 21, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The requested Voltaren gel is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Topical Analgesics, Non-steroidal anti-inflammatory agents, Page 111-112, recommend topical analgesics with documented osteoarthritis with intolerance to oral anti-inflammatory agents. The injured worker has chronic right knee pain, degenerative joint disease in the bilateral knees, arthroscopic partial medial meniscectomy in 1992 and partial medial and subtotal lateral meniscectomies on September 1, 2009. Treatment to date has included diagnostic studies, surgical interventions of the knees, medications. Currently, the injured worker continues to report an antalgic gait on the right with tenderness in the right knee joint line. Right knee flexion was noted at 100 degrees. Extension was noted as near normal. The treating physician has not documented the patient's intolerance of these or similar medications to be taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Voltaren gel is not medically necessary.