

Case Number:	CM15-0070663		
Date Assigned:	04/20/2015	Date of Injury:	08/30/2007
Decision Date:	05/19/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/14/2015

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 34 year old male, who sustained an industrial injury on 8/30/2007. The documentation submitted for this review did not include the details regarding the initial injury or prior treatments to date. Diagnoses include meniscal tear, left knee, with osteochondral defect. Currently, he complained of left knee pain associated with popping and weakness. On 3/12/15, the physical examination documented mild effusion and tenderness with a positive Apley's test and McMurray's test. The plan of care included medication therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 100mg #3 for DOS 3/24/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 9792.26 MTUS (Effective July 18, 2009) 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 abovementioned criteria have been documented. Given all of the above, the requested Voltaren gel is not medically necessary.

Synovacin 500mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines X 8 C.C.R. 9792.20 9792.26 MTUS (Effective July 18, 2009) Page(s): 50 of 127.

Decision rationale: Regarding the request for Synovacin, CA MTUS states that glucosamine is recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Within the documentation available for review, there is no indication of subjective/objective/imaging findings consistent with osteoarthritis for which the use of glucosamine would be supported by the CA MTUS. In the absence of such documentation, the currently requested Synovacin is not medically necessary.