

Case Number:	CM15-0075151		
Date Assigned:	04/27/2015	Date of Injury:	03/06/2013
Decision Date:	05/27/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/20/2015

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 32-year-old male who sustained an industrial injury on 03/06/2013. Diagnoses include left knee arthroscopy/meniscal tear/articular cartilage defect, probable left inguinal hernia, lumbosacral strain, thoracic strain, left shoulder strain, gastroesophageal reflux disease, and diabetes. Treatment to date has included diagnostic studies, medications, and physical therapy. A physician progress note dated 03/26/2015 documents the injured worker presented for an urgent visit due to stabbing ankle pain, which is worse with walking, and left foot supination as well as dorsal flexion. He has persistent left knee pain, and a clicking sensation, flaring of the pain on the left side of the low back hip and knee. He declines oral medications due to side effects. He rates his pain as 7/10 on the Visual Analog Scale. On examination lumbosacral range of motion is restricted. He has slight left knee swelling. Left knee range of motion is 0-120 degrees. Treatment requested is for Flector 1.3% patches #60 with 3 refills, and Voltaren 1% gel 200 grams with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% patches #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 111-2.

Decision rationale: Regarding the request for this topical NSAID, the Chronic Pain Medical Treatment Guidelines state that topical NSAIDs are recommended for short-term use of 4-12 week duration for body regions that are amenable to topical treatment. Specifically, the CPMTG state: "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. (Lin, 2004) (Bjordal, 2007) (Mason, 2004) When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks." A review of the submitted medical records indicates that this request would constitute a 4-month supply of a topical NSAID, which exceeds guidelines. Given this timeline, this request is not medically necessary.

Voltaren 1% gel 200 grams with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 111-2.

Decision rationale: Regarding the request for this topical NSAID, the Chronic Pain Medical Treatment Guidelines state that topical NSAIDs are recommended for short-term use of 4-12 week duration for body regions that are amenable to topical treatment. Specifically, the CPMTG state: "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. (Lin, 2004) (Bjordal, 2007) (Mason, 2004) When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks." A review of the submitted medical records indicates that this request would constitute a 4-month supply of a topical NSAID, which exceeds guidelines. Given this timeline, this request is not medically necessary.