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| Case Number: | CM15-0099982 | | |
| Date Assigned: | 06/02/2015 | Date of Injury: | 09/22/2011 |
| Decision Date: | 06/30/2015 | UR Denial Date: | 05/06/2015 |
| Priority: | Standard | Application Received: | 05/25/2015 |

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: New York, West Virginia, Pennsylvania
 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 50 year old male who reported an industrial injury on 9/22/2011. His diagnoses, and/or impressions, are noted to include: right, and left, knee pain with medial meniscus injury. Recent magnetic imaging studies of the right knee were noted to have been done on 3/2/2015, with findings for a slightly complex horizontal tear in the posterior horn of the medial meniscus in the right knee, and small joint effusion. His treatments have included medication management and return to full work duties. The progress notes of 2/18/2015 noted increased, severe and deep pain, and stiffness, over the right medial knee, worsened with weight bearing and activities. The objective findings were noted to include moderate tenderness and positive McMurray's on the right medial knee; right knee stiffness with intact "ACL, PCL, LCL and MCL"; and that he was noted transferring with guarding due to pain. The physician's requests for treatments were noted to include Voltaren Gel for the right knee. The progress notes of 4/24/2015 reported a ripping sensation on the right knee while standing up, resulting in swelling, numbness and increased right knee pain. The objective findings were the same as on 2/18/2015, but also included a positive patellar apprehension sign and patellar grind test; resulting in the physician's requests for treatments to include Vicodin for acute right knee pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1% 100 grams, 5 tubes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics.

Decision rationale: Guidelines state that topical analgesics are largely experimental and are not recommended unless other types of medications have been tried and failed. In this case, there is no documentation that the patient cannot take oral NSAIDs. The request for Voltaren Gel 1% 100 g, 5 tubes is not medically necessary and appropriate.

Vicodin 5/300mg 60 tablets: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: Guidelines state that patients on opioids should be monitored for efficacy, functional improvement, side effects, and signs of aberrant drug use. In this case, there is a lack of adequate documentation of efficacy, functional improvement, side effects, and signs of aberrant use. The request for Vicodin 5/300 mg #60 is not medically appropriate and necessary.