
Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/18/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/24/2013
Date of Injury: 9/10/2010
IMR Application Received: 8/16/2013
MAXIMUS Case Number: CM13-0013453

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopaedic Surgery and Hand Surgery, and is licensed to practice in Texas. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 50-year-old female who reported an injury on 09/10/2010. The mechanism of injury involved a fall. Current diagnosis is status post left total knee arthroplasty. The patient underwent left knee total arthroplasty on 02/25/2013 by Dr. [REDACTED]. She was most recently seen by Dr. [REDACTED] on 07/24/2013. She has been participating in physical therapy, and was still experiencing popping and clicking with flexion of the knee. Physical examination revealed full extension, no swelling, and no joint instability. Recommendations included a refill of Soma and consideration for a diagnostic arthroscopy.

IMR DECISION(S) AND RATIONALE(S)

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

1. Vitalee diclofenac 20% cream is not medically necessary and appropriate.

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, pgs. 111-113, which are part of the MTUS.

The Physician Reviewer's decision rationale:

California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. NSAIDs have been shown and made analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis. They are recommended for short-term use of 4 to 12 weeks. Indications include osteoarthritis and tendinitis. The only FDA approved NSAID for topical use is Voltaren gel, or diclofenac. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical

treatment. As per the clinical notes submitted, the lasted physical examination revealed no swelling, full extension, and no joint instability. The medical necessity for a topical analgesic has not been established. Furthermore, there is no evidence of neuropathic pain, nor a trial antidepressants and anticonvulsants that have failed prior to the initiation of a topical analgesic. There is no indication as to why this patient would not benefit from oral anti-inflammatory medication as opposed to a topical product. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified. **The request for Vitalee diclofenac 20% cream is not medically necessary and appropriate.**

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

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[REDACTED]
[REDACTED]

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