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## Independent Medical Review Final Determination Letter

[REDACTED]

Dated: 12/26/2013

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 8/12/2013  
Date of Injury: 2/27/2012  
IMR Application Received: 8/19/2013  
MAXIMUS Case Number: CM13-0013816

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: PARTIAL OVERTURN. This means we decided that some (but not all) 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 Occupational Medicine and is licensed to practice in California. 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:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

### CLINICAL CASE SUMMARY

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

All medical, insurance, and administrative records provided were reviewed.

The applicant is a represented 31-year-old former refrigerator technician who has filed a claim for bilateral knee pain reportedly associated with an industrial contusion injury of February 27, 2012.

Thus far, he has been treated with the following: Analgesic medications; topical compound; prior left knee partial medial and lateral meniscectomy; knee support; a cane; and extensive periods of time off of work, on total temporary disability.

In a utilization review report of August 12, 2013, the claims administrator denied a request for topical Voltaren gel and a request for oral Flexeril. Norco was partially certified to allow the applicant to wean himself off of the same. The applicant's attorney subsequently appealed.

An earlier clinical progress note of August 12, 2013 is notable for comments that the applicant is having issues with slow recovery. He exhibits an antalgic gait. He is asked to continue postoperative physical therapy. The applicant's work restrictions are not accommodated. It is noted that recent MRI imaging of August 6, 2013 does demonstrate very mild cartilaginous wear, which is slightly more conspicuous than before. It is stated the applicant underwent partial medial and lateral meniscotomy on February 27, 2013.

### IMR DECISION(S) AND RATIONALE(S)

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

- 1. Flexeril 10mg #60 is not medically necessary and appropriate.**

The Claims Administrator based its decision on the the Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine (Flexeril®), which is part of the MTUS..

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine (Flexeril®), page 41, which is part of the MTUS.

The Physician Reviewer's decision rationale:

As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, cyclobenzaprine (Flexeril) is endorsed for postoperative use purposes. In this case, however, the applicant is several months removed from the date of surgery on February 27, 2013. At this point, the applicant is using numerous other agents, including topical Voltaren and oral Norco. The addition of cyclobenzaprine to other agents is not guideline recommended. Therefore, the original utilization review decision is upheld. The request remains non-certified, on independent medical review.

## **2. Voltaren 2% gel with three (3) refills is medically necessary and appropriate.**

The Claims Administrator based its decision on the the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, Voltaren Gel, page 112, which is part of the MTUS.

The Physician Reviewer's decision rationale:

As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Voltaren is indicated for relief of arthritis pain in joints that lend themselves for topical treatment, including the knee. In this case, the applicant does have clinically evident and radiographically confirmed knee arthritis as evidenced by recent MRI, arthrography demonstrating cartilaginous wear in June 2013. The knee, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, is considered a joint that is amenable to topical treatment. The applicant does have clinically evident and radiographically confirmed knee arthritis for which a Voltaren gel is indicated in the treatment. Therefore, the original utilization review decision is overturned. The request is certified, on independent medical review.

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.

[REDACTED]  
[REDACTED]  
[REDACTED]

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