

<b>Case Number:</b>	CM14-0103595		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	08/14/2012
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain 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 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 56 year old male who sustained an injury on 08/14/12. No specific mechanism of injury was noted. The injured worker did have a prior meniscectomy and chondroplasty of the medial femoral condyle in the left knee on 07/18/13. The injured worker was provided postoperative physical therapy and medications. The injured worker was also followed for concurrent depression and anxiety. The injured worker did attend transcranial magnetic stimulation therapy treatment. The injured worker was seen on 05/28/14. The injured worker was walking with a cane at this evaluation due to persistent left knee pain. The injured worker had finished recent physical therapy and was recommended to continue with therapy for an additional 12 sessions. The injured worker was being followed by pain management for continuing left knee pain. The injured worker was also being recommended for further surgical intervention for the right knee on physical exam the injured worker is noted to have limited range of motion in the left knee on flexion. No instability was reported. The requested Voltaren gel, Naproxen 550mg quantity 60, and a [REDACTED] translator were all denied by utilization review on 06/03/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren Gel:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The most recent clinical report 05/28/14 did not provide any specific rationale regarding the use of Voltaren gel. Per the MTUS Chronic Pain Guidelines, Voltaren gel can be utilized as an option for the treatment of osteoarthritic pain when the injured worker has failed oral anti-inflammatories. Given the injured worker has had a history of anti-inflammatory use with no specific side effects or contra indication there does not appear to be any indication for the use of Voltaren gel at this point in time. Furthermore the request did not include the amount, duration, or frequency of this medication. Therefore, the request is not medically necessary and appropriate.

**Naproxen 550mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

**Decision rationale:** The chronic use of prescription NSAIDs is not recommended by current evidence based guidelines as there is limited evidence regarding their efficacy as compared to standard over-the-counter medications for pain such as Tylenol. Per guidelines, NSAIDs can be considered for the treatment of acute musculoskeletal pain secondary to injury or flare ups of chronic pain. There is no indication that the use of NSAIDs in this case is for recent exacerbations of the claimant's known chronic pain. As such, the injured worker could have reasonably transitioned to an over-the-counter medication for pain.

**■■■■■ translator to be present for all medical office visits and procedures:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Current Medical Diagnosis and Treatment, 2012.Goroll A.H. Primary Care Medicine, 7th ed. ISBN/ISSN: 9781451151497.

**Decision rationale:** In review of the clinical documentation submitted, this reviewer would not have recommended the request for the ■■■■■ translator to be present for all medical visits and procedures. The prior clinical reports did note the presence of a ■■■■■ translator however it is unclear at this point in time whether the treating physician staff does not have a person capable of performing this function. It is unclear whether a ■■■■■ translation was needed for every single office visit performed to date. Without any further information regarding this request, this request is not medically necessary and appropriate.

