

Case Number:	CM13-0054076		
Date Assigned:	03/03/2014	Date of Injury:	05/13/2008
Decision Date:	10/05/2015	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/14/2013

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: Massachusetts

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 65 year old female who sustained an industrial injury on 5-13-2008. She has reported injury to the left knee and has been diagnosed with left knee internal derangement, left knee pain, and status post left knee surgery. Treatment has included medications and surgery. There was a well-healed surgical scar in the left knee. There was a positive Apley's test of the left knee. She walked with a limp. She used a straight point cane. The treatment plan included Duragesic patch, Voltaren gel, TENS, a function restoration program. The treatment request included 3 tubes of Voltaren Gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 TUBES OF VOLTAREN GEL 2MG: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, p111-113 Page(s): 111-113.

Decision rationale: The claimant has a remote history of a work-related injury in May 2008 and is being treated for low back pain and chronic left knee pain with surgery in February 2011. When seen, there was an antalgic gait with use of a cane. There was slightly decreased left knee strength. Apley compression testing was positive. Duragesic and Voltaren gel are being prescribed. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, the claimant is 65 year-old and would be considered at increased risk for a gastrointestinal event. She has localized knee pain that appears amenable to topical treatment. Generic medication is available. This request for Voltaren gel is considered medically necessary.