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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Feb/11/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Voltaren Gel, 1 percent apply 4gm to affected joint QID, 5 tubes w/2 refills

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M.D. Board Certified Orthopedic Surgeon

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Clinical notes 05/09/12-12/10/12
MRI right knee 06/04/12
Clinical note 06/19/12-12/13/12 Dr.
Physical therapy note 06/28/12 NPT
MRI left knee 07/06/12
Functional capacity evaluation 12/26/12
Previous utilization review 01/23/13

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a female who reported an injury to her right knee. She slipped and fell on a wet floor. Clinical note dated xx/xx/xx detailed the patient utilizing naproxen for ongoing right knee pain. The patient reported pain in both knees at that time. Significant bruising was noted at the right knee and left popliteal and buttock region. The patient rated her pain as 8/10. Upon exam, decreased range of motion was noted with right knee flexion and extension. Tenderness to palpation was noted at the infrapatellar region. The patient also reported left knee pain. MRI of the right knee on 06/04/12 revealed degenerative changes at the proximal tibial insertion of the anterior attachment of the lateral meniscus and insertion of the lateral fascicle of the ACL. Mild to moderate degenerative changes were noted at the superior patellar surface as well. Subcutaneous edema was noted at the anterior portion of the patella and the patellar ligament. Mild joint effusion was noted. A moderate popliteal cyst was also noted. Clinical note dated 06/19/12 detailed the patient continuing with bilateral knee pain. The patient utilized Naprosyn for ongoing pain relief. Upon exam, the patient ambulated with a minimally antalgic gait. Tightness was noted at the left hamstring. No significant range of motion deficits were noted at that time. Physical therapy evaluation dated 06/28/12 detailed the

patient showing strength deficits throughout the bilateral knees rated as 4-4+/5 specifically at the quadriceps and hamstrings. The patient continued with bilateral knee complaints. Clinical note dated 07/10/12 detailed the patient showing no significant left knee deficits by the MRI. Clinical note dated 08/21/12 detailed the patient undergoing a course of physical therapy for both knees. The patient returned to work with no restrictions as of 09/03/12. The patient rated her pain as 6/10. Standing, walking, and climbing stairs exacerbated pain. The patient was unable to squat at that time. Clinical note dated 09/21/12 detailed the patient demonstrating decreased flexion at the left knee. Crepitance was noted during range of motion testing. The patient continued to rate her pain as 6/10. Clinical note dated 10/26/12 detailed the patient continuing with range of motion deficits at the left knee. The patient utilized Anaprox and Flexeril at that time for pain relief.

The patient rated her pain as 5/10. Clinical note dated 11/30/12 detailed the patient continuing with left knee pain. Functional capacity evaluation revealed that the patient was fit for light duty. Clinical note dated 12/10/12 detailed the patient utilizing naproxen; however, the patient developed a rash specifically affecting the inside of her mouth. Clinical note dated 12/13/12 detailed the patient continuing with bilateral knee pain. The patient was provided with a prescription for Voltaren gel at that time. Previous utilization review dated 01/23/13 resulted in a denial for Voltaren gel secondary to the development of an allergy to non-steroidal medications including a reaction to prescribed Naprosyn.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: Clinical documentation provided for review notes the patient complaining of bilateral knee pain with associated functional deficits. Voltaren gel would be indicated provided that the patient meets specific criteria, including osteoarthritic findings after a failure of oral non-steroidal medications and undergoing additional treatment for the specific complaints. The patient developed an allergy to the use of non-steroidal medications having developed a rash inside of her mouth with the use of Naprosyn. Given that Voltaren gel falls under a similar family of medications as Naprosyn, it stands to reason that the use of Voltaren gel would result in allergic reaction as well. Additionally, Voltaren gel has been reported resulting in severe hepatic reactions. Furthermore, there is little to no research to support the use of many compounded products. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Given that the patient developed a reaction or allergic reaction to the use of non-steroidal medications and taking into account that the use of Voltaren gel would clearly fall in the same family as non-steroidal medications, it is the opinion of the reviewer that this request for Voltaren Gel, 1 percent apply 4gm to affected joint QID, 5 tubes w/2 refills is not medically necessary and does not meet guideline recommendations.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

INTERQUAL CRITERIA

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

TEXAS TACADA GUIDELINES

TMF SCREENING CRITERIA MANUAL

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)