

<b>Case Number:</b>	CM13-0029300		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	05/14/2012
<b>Decision Date:</b>	01/21/2014	<b>UR Denial Date:</b>	09/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2013

### 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 Physical Medicine and Rehabilitation has a subspecialty in Pain Management 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. 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 41-year-old female employed by [REDACTED]. She sustained an industrial injury on May 14, 2012 when she twisted her left knee while transferring a patient with the lift. The accepted body region is the left knee. Her work status includes a return to full duty on August 14, 2013. A recent primary treating physicians report dated October 10, 2013 that the Voltaren gel "has been reduced by 33.3% without appropriate UR or peer-to-peer interaction." The primary treating physicians report on date of service September 3, 2013 cites the California Medical Treatment Utilization Schedule section on topical analgesics. The requesting healthcare provider reasoned that "the QME process can be relied upon if appropriate care remains to be denied, or approval reversed by whim alone, without due process." Included in the submitted documentation is a magnetic resonance imaging of the left knee without contrast on date of service September 6, 2012. There are findings of intact medial and lateral menisci. There is no joint effusion or Baker's cysts. No cruciate or collateral ligament tears are noted. There is partial thickness chondromalacia at the patellofemoral joint. The request for Voltaren gel 1% was denied in a utilization review report dated September 27, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren gel 1% 100g tubes, #3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

**Decision rationale:** In the case of this injured worker, there is clear documentation to support knee osteoarthritis and knee MRI demonstrates chondromalacia. According to the Chronic Pain Medical Treatment Medical Guidelines, Voltaren gel is indicated for knee osteoarthritis. The issue is the duration of its usage. The California Medical Treatment and Utilization Schedule recommends for short-term use of 4 to 12 weeks. In the case of this worker, there is documentation of prescriptions for Voltaren as early as March 2013. Topical NSAIDs are not recommended for long-term use. Therefore this request is recommended for non-certification in accordance with the California Medical Treatment and Utilization Schedule.