

<b>Case Number:</b>	CM13-0067327		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	06/29/2007
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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. The expert 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 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 patient is a 57-year-old female who was injured on 06/29/2007. The mechanism of injury is unknown. Progress report dated 11/18/2013 states the patient has been stable since the last visit. She has been having difficulty obtaining her medications. On exam, her knee shows joint line tenderness with negative laxity with motor strength 5-/5 in the knee. The lumbar spine shows negative straight leg raise; negative Fabere. There is tenderness in the paraspinal muscles. Flexion is to 70 degrees; extension to 10 degrees; and right and left bending to 20 degrees. The diagnoses are complaints of low back pain with degenerative disc disease (DDD), facet disease and status post left total knee replacement with chronic pain. The treatment plan shows the patient is given Voltaren gel 2 g to affected area twice daily with 2 refills and Celebrex 200 mg daily as needed for mild pain #30 with 2 refills. Progress report dated 5/13/2013 indicates the patient has flexion to 80 degrees. Synergy aquatic therapy note dated 03/06/2013 reports the patient rates her pain as an 8/10 and she is taking ibuprofen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VOLTAREN GEL; 2G TWICE A DAY WITH 2 REFILLS:** Upheld

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

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

**Decision rationale:** The MTUS Guideline indications for topical non-steroidal anti-inflammatory drugs (NSAIDs) include "osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks)." The MTUS guidelines recommend the gel for short-term use. The records document the patient to be status post left total knee arthroplasty (TKA) with chronic pain. The medical records document the patient has been prescribed Voltaren Gel since 05/13/2013. The patient has been prescribed the medication for over 27 weeks based on the provided records (first record of 05/13/2013 and last record on 11/18/2013). This is well over the recommended effective period. Furthermore, there is no clear documentation that this particular gel has helped the patient with her symptoms (visual analog scale (VAS) and functional improvement was not provided). Based on the provided documentation and guidelines cited, medical necessity for the requested topical has not been established.

**CELEBREX 200MG #30 ONCE A DAY AS NEEDED WITH 2 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter and Food and Drug Administration (FDA).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section non-steroidal anti-inflammatory drugs (NSAIDs) Page(s): 67-68.

**Decision rationale:** The MTUS Guidelines recommend non-steroidal anti-inflammatory drugs (NSAIDs) for osteoarthritis at the lowest possible dose and for the shortest period of time for patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. For back pain (acute exacerbations of chronic pain) it is recommended as a second line treatment after acetaminophen. For chronic low back pain it is recommended as an option again for short-term symptomatic relief. There are also other "less well-known effects of NSAIDs, and the use of NSAIDs has been shown to possibly delay and hamper healing in all the soft tissues, including muscles, ligaments, tendons, and cartilage. In this case, the medical records document the patient has been prescribed Celebrex for over 27 weeks without documented pain levels, effectiveness or trials of other medications (acetaminophen). Based on the documentation provided, medical necessity is not established.