

<b>Case Number:</b>	CM14-0118530		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	03/12/2013
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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 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 claimant injured his left knee on 03/12/13 when he stepped off a trailer onto some ice and fell. Voltaren gel is under review. He was diagnosed with an injury to the medial meniscus and is status post arthroscopic partial medial meniscectomy on 08/14/13. On 04/08/14, he was seen status post Synvisc 1 injection on 02/25/14 that gave him no relief. He was to stop Motrin if he got GI upset. He wanted to try topical anti-inflammatories but Worker's Comp. recommended a trial of oral medication first. He had some crepitation. On 06/10/14, he reported that he still had pain. Motrin was of no benefit. He wanted to try topical anti-inflammatories. His gait was normal with crepitation about the patella. He was prescribed Voltaren gel by PA Thibert. On 07/22/14, he still had intermittent medial and lateral knee pain. He stated the Voltaren helped to decrease his pain when he uses it. Synvisc injections have given him no benefit. He had arthroscopy that showed grade 3 chondromalacia. He was also taking ibuprofen. Physical examination revealed that he was fully weightbearing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren 1% Gel Refill 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Anti-Inflammatory Gel.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, Voltaren gel Page(s): 143.

**Decision rationale:** The history and documentation do not objectively support the request for Voltaren gel 1% with 1 refill. The MTUS state "topical agents may be recommended as an option [but are] largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004)." There is no evidence of failure of all other first line drugs, including acetaminophen, or local care modalities such as ice or heat, even though he reported that ibuprofen did not help. It is not clear whether the claimant has been involved in an ongoing exercise program following his surgery as would be expected. The medical necessity of this request for Voltaren gel 1% with 1 refill has not been clearly demonstrated.