

<b>Case Number:</b>	CM14-0142014		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	12/28/2011
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 Internal 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 injured worker is a 64 year old female with date of industrial injury reported to be 12/28/2011. She was seen by the primary treating physician on 8/7/2014, at which time she was noted to have not been able to tolerate Tramadol with nausea. The patient had discontinued this medication. She did find that ibuprofen provided benefit and she had not heard about acupuncture. On examination, she had tenderness of the medial and lateral aspect of the affected knee. The patient was noted to be ambulating with an axillary crutch. Diagnosis rendered was left knee pain status post-operative knee fixation. A request for Voltaren gel was submitted. The physician documented that the patient was given topical agents since she was having problems with multiple oral medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Voltaren gel 1%, 100 g: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)

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

**Decision rationale:** According to the physician's the diagnosis or suspected diagnosis was not specific in terms of the exact pathology suspected for knee pain. Therefore, it is not possible to determine whether the pain was due to internal derangement of the knee or strain of relatively superficial tissues. Also, the physician documented benefit from taking ibuprofen. Adverse effect or intolerability of ibuprofen noted is not. Topical agent is intolerance to multiple oral medications. Topical analgesics are typically useful only for relatively superficial tissue injury, such as a ligament or tissue sprain that is easily accessed by a topical preparation. Internal derangement of a large joint like the knee would not benefit from the topical application of an agent that penetrates only a few millimeters into the tissues. Further, the patient did not display any intolerance to systemic NSAID and did endorse relief from this intervention. As such, the need for topical Voltaren is not evident. And, not least, the appropriateness for topical NSAID for the patient's condition is not clear based on the limited physical examination and clinical history documented regarding the knee joint. Finally, topical analgesics are primarily recommended as an option in the management of neuropathic pain that is unresponsive to other more mainstream therapies. The patient has no clinical evidence or diagnosis of neuropathic pain. In view of all these issues, the request for Voltaren gel is not medically necessary.