

<b>Case Number:</b>	CM14-0153783		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	01/16/2012
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 Physical Medicine & Rehabilitation 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 49 years old female with an injury date of 01/16/12. The 08/27/14 report by ■■■ states the patient presents post right knee surgery 08/05/14. Pain is rated 2/10 with medication and 6/10 without. The patient has antalgic gait and she has not worked since the surgery. Examination shows positive cervical tenderness with cervical spine range of motions decreased about 20%. There is right knee tenderness with diffuse tenderness to palpation with mild decreased range of motion. The patient's diagnoses include: Cervical strain, diffuse bulge. Left "MM" tear, status post surgery 09/18/12 and status post right knee surgery 07/02/13. Right ankle sprain, resolved. Persistent right knee "MM" tear. The utilization review being challenged is dated 09/05/14. Reports were provided from 03/05/14 to 08/27/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Volatron 1 large tube 4 x daily:** Overturned

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

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

**Decision rationale:** The patient presents with cervical spine and right knee pain rated 2/10 with medications and 6/10 without. The treater requests for Volatron 1 large tube 4 x daily. This medication is presumably Voltaren gel (Diclofenac an NSAID). The 09/05/14 utilization review cited Voltaren in the rationale. MTUS page 111 of the chronic pain section states the following regarding topical analgesics: 'Largely experimental in use with few randomized controlled trials to determine efficacy or safety.' "There is little to no research to support the use of many of these agents." Topical NSAIDs are indicated for peripheral joint arthritis/tendinitis. On 08/27/14 [REDACTED] states the medication is for topical analgesia and that this medication along with Celebrex (an NSAID) decreases the pain by approximately 2-3 point on the pain scale and allow improved ADLs including the ability to ambulate, use the bathroom, provide self-care, cook and clean and the patient's ability to function are much improved with use of the medications. The 07/22/14 report states the patient finds topical analgesics helpful for night use with no GI side effects. It is unclear when the patient began using this medication. Reports indicate the medication was started 08/27/14 with prior use of Methoderm as a topical analgesic. It would appear that the treater is trying different topicals and Voltaren gel seems to be working for it's presumed use for the knee condition. Given the support from MTUS for the use of topical NSAIDs for peripheral joint problems, the request is medically necessary.

**Clebrex 200mg #30 1 po qd:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67, 68 and 70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory medications Page(s): 22.

**Decision rationale:** The patient presents with cervical spine and right knee pain rated 2/10 with medications and 6/10 without. The treater requests for Celebrex 20 mg #301 po qd. The reports provided show the patient has been taking this medication since at least 04/02/14. MTUS Anti-inflammatory medications page 22 states, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." On 08/27/14 [REDACTED] states this medication has been helpful in decreasing pain and does not cause GI side effects. In this case, the patient is documented to have chronic back and knee pain and the treater states the medication is of benefit to the patient. The request is medically necessary.